[Shri P. G. Menon]

Report of the Committee on Public Undertakings on the Oil and Natural Gas Commission, Dehra Dun.

12.35 hrs.

DEMANDS FOR GRANTS*—*contd.*

MINISTRY OF HEALTH—*contd.*

Mr. Speaker: The House will now resume further discussion and voting on the demands for grants relating to the Ministry of Health. Out of 4 hours allotted, 2 hours 10 minutes have been availed of and 1 hour 50 minutes are still left. Hon. members should be brief in making their points.

श्री हिम्मतसिंहका (गोंडा) : अध्यक्ष महोदय हेल्थ मिनिस्ट्री की मांगों के संबंध में मैं केवल इतना कहना चाहता हूं कि अभी तक जो काम हुआ है वह काफी हुआ है। अस्पतालों में बैड्स के बारे में और अन्य बातों के बारे में जो लक्ष्य निर्धारित किया गया था उस से ज्यादा काम हो गया है ।

एक कहावत है कि "प्रिवैंशन इज बैटर दैन क्योर" । में चाहता हूं कि इस मंत्रालय को अब प्रिवेंशन की ओर ज्यादा ध्यान देना चाहिए । दवाओं से जितना फायदा होता है उससे कहीं ज्यादा फायदा लोगों को यह समझाने से हो सकता है कि किस प्रकार उनका स्वास्थ्य अच्छा रह सकता है किस प्रकार रहने से उनको बीमारियां कम होंगी । इस ओर हमको नियमित रूप से और संगठित रूप से काम करने की व्यवस्था करनी चाहिए । मैं समझता हूं कि ऐसा करने से ज्यादा फायदा होगा । इसलिए मेरा सुझाव है कि हम लोग एक आन्दोलन करें ताकि हमारी जनता को इस सम्बन्ध में जानकारी हो कि किस ढंग से उन्हें रहना चाहिए जिससे कि बीमारियां न फैलें । हमको इस काम के लिए कुछ लिटरेचर निकालना चाहिएं कुछ छोटी बड़ी किताबें निकालनी चाहिएं और उनको छोटे स्कूलों से ही पाठ्यक्रम में रखना चाहिए, इन पुस्तकों को प्रौढ़ शिक्षा केन्द्रों में भी पढ़ाया जाना चाहिए और जनता को स्वस्थ रहने का इस प्रकार प्रशिक्षण दें । इससे बहुत कम पैसा खर्च करके हम उनको बहुत ज्यादा लाभ पहुंचा सकेंगे । यदि दवाएं देने में ज्यादा पैसा खर्च न करके हम उनको ये बातें बताने में वह पैसा खर्च करें तो मेरा खयाल है कि उससे ज्यादा फायदा होगा ।

अभी देहातों के लोगों को स्वास्थ्य सम्बंधी ज्ञान देने का कोई इन्तिजाम नहीं है, न ही ये बातें स्कूलों में या कालिजों में पढ़ायी जाती हैं । इसलिए मेरा विचार है कि अगर इस दिशा में मंत्रालय ध्यान देगा तो इससे लोगों को बहुत फायदा होगा । मेरा सुझाव है कि छोटी-छोटी किताबें लिखी जाएं और प्राइमरी स्कूलों से ही बच्चों को ये बातें सिखायी जानी चाहिएं तो अच्छा होगा ।

कल मिनिस्ट्री की तरफ से एक जलसा होने वाला है कि जिसमें पोस्ट ग्रेजुएट लोगों को हैल्थ के सम्बन्ध में शिक्षा देने की व्यवस्था की जाएगी । यह बहुत अच्छा काम है, लेकिन मेरा विचार है कि इसको बड़े पैमाने पर करना चाहिए, खाली पोस्ट ग्रेजुएटस के लिए ही यह व्यवस्था न की जाए बल्कि छोटे-छोटे स्कूलों आदि में भी इस प्रकार की शिक्षा का प्रबन्ध किया जाए तो इससे ज्यादा फायदा होगा ।

अभी हमारे देश में खाने पीने के सम्बन्ध में लोगों में बड़ा अज्ञान फैला हुआ है ।

*Moved with the recommendation of the President.

हुआ है । बहुत कम लोगों को यह मालूम है कि क्या खाना चाहिये, किस समय खाना चाहिये और कितनी मात्रा में खाना चाहिये । पेट भरा हुआ होने पर भी अगर कोई अच्छी चीज मिल जाती है तो वे खा लेते हैं । मैं समझता हूं कि खाने पीने के सम्बन्ध में देश में बहुत अज्ञान फैला हुआ है । इसको दूर करने का इन्तिजाम होना चाहिये । ऐसा किया जाएगा तो इससे बहुत ज्यादा फायदा होगा ऐसा मेरा खयाल है ।

देहातों में अच्छे पीने के पानी की व्यवस्था बहुत कम है । आज ही एक प्रश्न के उत्तर में बताया गया कि ट्राइबल एरिया में लोगों की गरीबी के सबब से, क्योंकि वे लोग 50 पर सेंट खर्चा भी नहीं दे सकते, पानी के कुवें नहीं बनाए जा सके । मैं समझता हूं कि जहां पर इतनी खराबियां हैं वहां हैल्थ मिनिस्ट्री की जो 50 परसेंट या 25 पर-सेंट लोगों को देने की बात है उसकी पूर्ति यदि हैल्थ मिनिस्ट्री की ग्रांटस से की जाय या और तरीक़े से उन को किया जाय और पानी का इंतजाम यदि माकूल हो जाय तो बहुत सी बीमारियां जो ख़राब पीने के पानी के वजह से फैलती हैं वह बीमारियां न फैल पायेंगी ।

अभी लखनऊ में एक लिटरैसी हाउस की स्थापना हुई है । वह लोगों को साक्षर बनायेगा । यह लिटरैसी हाउस, वहां लखनऊ में एक सोसाइटी है, अमरीकन लेडीज़ उस को चला रही हैं । वह अच्छी किताबें निकालते हैं । मैं समझता हूं कि उस तरीक़े की किताबों का यदि हम लोग देहातों में प्रचार करें तो उससे बहुत अधिक स्वास्थ्य सम्बन्धी काम होगा ।

खाद्य तथा अन्य आवश्यक वस्तुओं में देश में चल रही जबरदस्त मिलावट को रोकने और बन्द करने के उद्देश्य से सम्बन्धित कानून को संशोधित कर के और अधिक सख्त तथा सक्रिय बनाया गया है और वह ठीक ही है क्योंकि ऐसे लोग जो कि इस तरह की मिलावट का अपराध करते हैं उनका अपराध बहुत गम्भीर है और इसके लिये उन्हें कानून द्वारा सख्त सज़ा मिलनी उचित है । खाने पीने की सामग्री में जो भी मिलावट करे उसे सरकार को कड़ा दंड देना चाहिये । लेकिन इस के साथ ही यह अधिक आवश्यक है कि देशवासियों को इस बारे में ऐसा ज्ञान दें ताकि वे बाज़ार में चीजें खरीदते समय अच्छी, बुरी की पहचान कर सकें और मिलावटी चीजें न खरीदें । सरकार द्वारा देशवासियों की इस बारे में विशेष रूप से ज्ञान प्राप्त कराया जाय ताकि वे मिलावटी चीज़ों के खरीदने से बचें । इस दृष्टि से अगर कुछ किताबें भी लिख जाई जायें तो बहुत अच्छा होगा ।

हमारे सामने फैम्मिली प्लानिंग का, परिवार नियोजन का एक आवश्यक प्रोग्राम है । इस बारे में देहातों में अभी तक कोई ठोस और ठीक प्रकार से काम नहीं हो रहा है । डाक्टरों का अभाव भी इस का एक कारण है और सरकार को इस ओर ध्यान देना चाहिये । लेकिन परिवार नियोजन के हेतु जो नई और ज्यादा अच्छी व कारगर चीजें सामने आई हैं जिनमें कि पैसे भी बहुत कम लगेंगे, तीन, चार आने में बर्थ कंट्रोल किया जा सकता है मैं समझता हूं कि सरकार को इस प्रोग्राम को ज्यादा बढ़ावा देना चाहिये, परिवार नियोजन का कार्य-क्रम देहातों में विशेष रूप से ले जाया जाय और देहातों में यह चीजें लोगों को पहुंचाया जायें । इस का इन्तजाम होना चाहिये ।

आज टी०बी० और लैप्रेसी को रोकने के वास्ते काफ़ी इंतजाम हैल्थ मिनिस्ट्री की तरफ़ से हुआ है । इस के लिए अस्पतालों

[श्री हिम्मतसिंहका]

में बैडस भी काफी बढ़े हैं लेकिन मैं समझता हूं कि अभी जो ऐसे लैप्रेसी और टी. बी. रोगियों को घर में रख कर इलाज करने की व्यवस्था हो रही है, डोमैंसिएरी ट्रीटमेंट की व्यवस्था हो रही है, उसको सरकार से अधिक प्रोत्साहन मिलना चाहिये बहुत सी वालियेंटरी संस्थाएं हैं जोकि इन कामों को कर रही हैं और उन को यदि सरकार के जरिये प्रोत्साहन व मदद मिले तो में समझता हूं कि यह काम अधिक अच्छे तरीक़े से पूरा हो सकेगा। यह डोमैंसिअरी ट्रीटमैंट जो टी. बी. और लैप्रेसी का हो रहा है उसकी तरफ़ सरकार ज्यादा ध्यान दे।

मथुरा जिले के बारे में मैं आप से निवेदन करना चाहता हूं कि वहां पर टी. बी. के काफ़ी मरीज़ हैं। वहां पर एक संस्था है जो कि यह डोमैंसिएरी ट्रीटमैंट का काम जिले भर में करना चाहती है लेकिन चूंकि एक क्लीनिक डिस्ट्रिक्ट एथारिटीज़ की तरफ से बना है इसलिये न वह खुद कर रहे हैं और न वह यह काम इस वालियेंटरी इंस्टीट्यूशन को देना चाहते हैं। इस बारे में मेरा सुझाव है कि मथुरा जिले के टी. बी. का डोमैंसिएरी ट्रीटमैंट का काम जो वह संस्था करना चाहती है उसे यह काम सौंप दें और अगर ऐसा होता है तो समूचे जिले में इस दिशा में काफ़ी काम हो सकेगा। अभी उन्होंने अपने अस्पतालों का देहातों में दो तीन जगह पर इंतजाम किया है और अगर उनको इसके लिए सरकार द्वारा प्रोत्साहन व मदद दी जाय तो उनका वह काम और ज्यादा आगे बढ़ेगा। बस यही मे चंद एक सुझाव थे और मैं समझता हूं कि मंत्रालय उस तरफ़ ध्यान देगा।

Dr. Chandrabhan Singh (Bilaspur): Mr. Speaker, Sir, I offer my congratulations to the Health Minister, the Deputy Health Minister, the Secretaries and other members of the staff of the Secretariat, for they have been trying to do a very good job under trying circumstances. I feel that the Health Ministry has been given a very low priority. I do not understand why this low priority has been given to this very important Ministry. I have felt that the rank of the ministerial set-up should be raised and the pattern of administration should be modified. The present pattern was set at the beginning of our independence when there were less than 35 medical colleges. Now the medical colleges alone number more than 84 and by the end of the Fourth Plan they are likely to be more than 114. Besides, many post-graduate institutions, academies and universities are cropping up making the job much more difficult and no one person can do this work very successfully.

Last year I pleaded, Mr. Speaker, that there should be a separate Directorate of Medical Education and Research which now commands whole-time attention for efficient formulation and completion of our plans.

I have heard with rapt attention the speeches of hon. Members who took part yesterday, and I have come to the conclusion that every one of them has complained about lack of medicines in hospitals, population explosion shortage of doctors, ayurved and the place it should get.

Talking about shortage of doctors, I would like to quote some figures for the information of this House The doctor-population ratio in USSR in 1959 was one doctor for every 555 population, in USA it was one doctor

for every 805 of the population in 1958, in Japan it was one doctor for every 943 of the population in 1958, in the United Kingdom it was one doctor for every 1065 of the population in 1958, in Mexico it was one doctor for every 1896 of the population in 1956, in Brazil it was one doctor for every 2462 of the population in 1954, in Egypt it was one doctor for every 3100 of the population in 1956 and in India in 1965 it is one doctor for every 5860 of the population. Our aim ever since the report of the Bhore Committee has been to provide one doctor for every 2000 population. In spite of our best efforts we have not much improved our position as is evident from the figures. If I may quote some figures, in 1946 it was one doctor for every 6300, in 1951 it was one doctor for every 6450, in 1961 it was one doctor for every 6150, in 1964 it was one doctor for every 6000 and in 1965 it is one doctor for every 5860. That shows that we have not made much improvement as far as the doctor-population ratio is concerned.

We are admitting more than 11000 students in the 84 medical colleges and by the end of the Fourth Five Year Plan we are planning to admit 14000 students to the graduate course. The biggest bottle-neck is the paucity of trained teachers. At present, teachers, according to my own estimate, are very difficult to find. We have put a certain minimum qualification for teachers. We do not find them at present. May I suggest, through you, Sir, to the kind and helpful and also energetic Health Minister to start a scheme of offering 2000 scholarships of the value of Rs. 250 to Rs. 300 in the All India Institute of Medical Science and 50 medical colleges of older standing with 40 scholarships divided in ten subjects in each medical college?

Mr. Speaker: Order, order. This rule is really very wholesome, that a Member shall not pass between the Chair and any Member who is speaking. I was looking for an opportunity to give expression to it, because it has been violated, earlier, also, just within the last 15 minutes about three times. Now one very prominent Member has violated it.

Shri Surendranath Dwivedy (Kendrapara): I am very sorry. Only after I passed I found that the hon. Member from there was speaking, otherwise I would have come by the other way.

Mr. Speaker: I am not mentioning this particularly about Shri Dwivedy. One or two other hon. Members have just done it. I wanted to bring it to the notice of the House that this is a very wholesome provision and it must be observed. There is a line of communication—it may be invisible to the eye—between the Speaker and the Member who is speaking and that should not be snapped.

Shri Hari Vishnu Kamath (Hoshangabad): Sir, I rise to a point of order. I would only say that it would have been better if you had gently told the Health Minister also the same thing a little while ago.

Mr. Speaker: I have told him.

Shri Hari Vishnu Kamath: The Health Minister too came in the way between a member speaking and you.

अध्यक्ष महोदय : मैंने अभी कहा है।

Shri Hari Vishnu Kamath: You told my colleague.

Mr. Speaker: मैंने उनको पहुंचा दिया है।

Therefore, I referred to earlier Members also.

Shri Hari Vishnu Kamath: You passed it on to her; you did not say so as you did in the case of my colleague.

The Deputy Minister in the Ministry of Health (Shri P. S. Naskar): We have also expressed our regret.

श्री हुकम चन्द कछवाय (देवास) : अध्यक्ष महोदय, हाउस में इस समय कोरम नहीं है ।

Mr. Speaker: The hon. Member might resume his seat. The bell is being rung.....now there is quorum.

Dr. L. M. Singhvi (Jodhpur): I think the solution is to have a lunch recess.

Mr. Speaker: If that is the solution, I have no objection. But that is no solution.

Shri Hari Vishnu Kamath: The remedy is worse than the disease.

Dr. Chandrabhan Singh: I was suggesting a plan for training of teachers. Broadly, each graduate after his graduation, including rotating internship, will be assigned a subject and deputed in the department as a junior teacher and research worker, the names and subjects decided on the need and the capabilities of the teachers. In three years' time the student will have experience of teaching and conducting research and will obtain his post-graduate degree or diploma. During the third year of the Fourth Plan an average of 2,000 teachers yearly will be trained and in the next five years the shortage will be made up. In the middle of the fifth Five Year Plan you can have an objective re-examination of the scheme for any modification, change or alteration.

The student will sign a legal document to serve the State for a period of three years and in default the security will be forefeited and he will refund the scholarship money.

There is another matter which needs great attention, and that is the falling standard of teaching. The standard depends on the teacher—pupil ratio. While in some foreign countries there is one teacher to two or three students, here in India we are unable to provide one teacher even to 10 students. Even in art and science courses they aim at one teacher for 12 to 14 students.

Various schemes have been formulated by the post-graduate medical institutes, upgraded departments in some colleges, the All India Institute of Medical Sciences, seminars on medical education. Health Ministry of the Government, Medical Council some registered professional bodies and research institutions. As things stand, the Medical Council of India is responsible for laying down the curriculum, inspecting the facilities and examination for under-graduates and through its post-graduate committee the post-graduate teaching and advise the universities. The Medical Council Act was amended, very correctly, by this House only last year. The amendments are being studied, digested and implemented.

Historically, this is an old problem and although the solution is also equally old, new ideas keep croping up and one has to consider them and arrive at some mutually acceptable solutions. Our country is the most populous with more than 85 medical colleges in more than 62 universities. The very idea of regimentation and narrow groves cut at the very root of autonomy of universities and is a bar to dynamic growth and development.

Our high priests of higher standard conveniently forget these and in the rigmarole of arguments soar high to touch the moon, like the orbiting sputniks or the cosmonauts, leaving the average person dumb-founded and stupefied. Our immediate need to make up the 4,000 and odd deficiency in teachers and about 3,000 more teachers for the Fourth Five Year Plan for 30 new medical colleges is a challenge to produce 7,000 teachers in five years' time, which can never be achieved by the purists if this Parliament allows them to have their way. So, I would request the Health Minister to take a realistic attitude and to concentration on the 5 or 6 Institutes of Medical Sciences to be opened by the end of the Fourth Five Year Plan and fifty odd medical colleges and

help the Medical Council of India and the Post-Graduate Committee of the Council and the Universities. Any radical departure from the set pattern at this stage will, in my opinion, meet with disapproval, antagonism and open revolt by the universities and even the Medical Council which, I would advise, we should avoid at this stage. I am not letting out any secret if I mention that grumbling has already started.

May I now come to pay-scales and amenities? The success of the scheme depends on facilities, amenities, better pay scales and security of service. We have realised to our great shock that the best available talents are not taking kindly to the medical profession. This has now become the fifth choice; the pride of place has been taken by administrative, commercial, judicial and engineering fields in that order of preference. Why? An answer to this will reveal the sad story. In the latter three services an average student can join at the age of 20 or 21 while in the medical service he cannot join till he is 27 or 28. The period of medical training of 9 to 10 years is not only necessarily time-consuming but most expensive. The Government, according to the Planning Commission spends a capital expenditure of Rs. 16.000 per student. The recurring cost in 1961 was Rs. 1,627 or Rs. 8,135 for five years. In 1966 it will be Rs. 1,759 or Rs. 8,795 for five years and in 1971 Rs. 1,913 or Rs. 9,555 for five years. For the Fourth Plan the capital cost is Rs.16,000 per student. Besides, the parent spend anything up to Rs. 4,000 per year. This means that he joins service at an older age, a difference of 7 to 8 years, but he retires at the same age as any other person. For that heavy capital input in his training what are his emoluments? He does not get even 10 per cent return for this capital. This is astounding. Because of shortage of time, I will not go into greater detail. The hon. Health Minister has pleaded and I hope this hon. House will agree, that the pay-scales, amenities and privileges of members of the medical profession should be equal to those of the administrative, judicial, engineering and accounts services. I would like to advise that the scheme under review must be implemented. I am one of those who are trained to serve the suffering humanity. Our motto has always been:

न त्वहं कामये राज्यं न स्वर्गं नपुनर्भवम्
कामये दुःखतप्तानाम् प्राणिनामार्तिनाशनम् ॥

That is the training of medical men from time immemorial. Similar mottos from Dhanvanthari, Charak and Sushrut are ingrained in the minds of every medical man or woman. But times are changing fast and the struggle for existence is becoming keener day by day, with increasing stresses and strains. As a result, many of us do not like to conform to those ideals and trade unionism slogans, doctors on strike and so on and so forth are often heard now. This is not good but you have to be fair to this hard-pressed tribe whose amenities were fixed about 30 years back. You must do something for them. Coming to medical ethics, we in the Medical Council, State Medical Councils and other professional bodies are alive to this and we are constantly devising methods to maintain high professional standards.

This House is well aware of the agitation carried out by the compulsory rotating interns, the house surgeons, the post-graduates and registrars in this town and elsewhere. The recommendation of the Committee appointed by the Health Minister was well received in the country and should be implemented to the full by all the States. There is grumbling going on by other medical service personnel—the health insurance doctors, the railway doctors, the Central Service doctors etc. It will be realistic for the Health Minister to appoint a high-powered body to go into details—not a Commission—and give its recommendations with in a period

[Dr. Chandrabhan Singh]

of 3 to 4 months at the latest. In the terms of reference I would suggest the consideration of the emoluments of the teachers of the medical colleges and institutes. Health being a State subject, that argument should not be trotted out for the Centre not intervening. If necessary, cent per cent aid should be given by the Central Health Ministry, on the recommendation of this high-powered body, and the Finance Minister along with the Planning Commission should come forward and give the necessary money for this purpose.

There is a common complaint about shortage of doctors.

13 hrs.

Mr. Speaker, Sir, every morning the first thing you read in the papers is about dispensaries without Doctors frantic advertisement for Lady Doctors, lack of attention and discourtesy in outdoors, death due to delay and neglect during emergency, shortage in defence services, railway service and other public utility services. In every provincial assembly and even here in this great House eternal debate goes on and this is the commonest theme. Now let us analyse why it is so.

The basic fact is that there is real shortage of Doctors. That is why 30 new medical colleges have been proposed by the Health Ministry in the Fourth Five Year Plan. Probably the shortage of Doctors may not be there after these colleges come into being. Out of this 30, 8 or 9 medical colleges must go to Uttar Pradesh, the Most populous and the most backward State and Madhya Pradesh should get 2 new medical colleges. Of course, other States should be given their due share to make up the shortage.

Mr. Speaker: The hon. Member has to conclude now. He has been reading all this time and I know he has got great material with him.

Dr. Chandrabhan Singh: Our aim is to have one qualified Doctor to 2,000 of the population. While computing the number, let us remember that one crore and forty lakhs of new babies are arriving in a continuous stream in this wonderful land of ours. This alone needs 7,000 Doctors every year. Now, Sir, there is another point . . .

Mr. Speaker: The hon. Member should not take up new points. I know he is a Doctor and he has much to say. When the time is limited, he must conclude now.

Dr. Chandrabhan Singh: The President, the Vice-President, the Prime Minister, the Health Minister and everyone else—even those, who do not understand the meaning of the word 'Rural'—advise that Doctors must go to the rural area. They have suggested (i) compulsory service for any recruitment, (ii) bond being signed before admission in medical colleges, (iii) part of the training period to be in rural areas and (iv) starting of three years' medical training programme and production of the semi-skilled technicians, who would be a little better than quacks. These remedies are quack remedies and can never solve the problems. The only solution is to make the rural areas worth living. Are they worth living? The basic amenities like clean drinking water, a decent roof over head, approach roads, ordinary sanitation and hygiene, primary and secondary education facilities, recreation and social amenities, law and order, etc . . .

13.02 hrs.

[MR. DEPUTY-SPEAKER *in the Chair*]

Mr. Deputy-Speaker: The hon. Member must conclude now. He has already taken much time.

Dr. Chandrabhan Singh: Are these above-mentioned basic amenities available now in rual areas so that the

Doctors can be attracted to serve there? No, they are not there. They must be provided first and then only you can expect the Doctors to go there. It is well known that villages are being abandoned. The process of urbanisation is one-way traffic, creating slums, *jhuggi* and *phompdi* everywhere with filth quagmire and stench galore in all cities and towns. This process must be reversed . . .

Mr. Deputy-Speaker: Dr. Singhvi.

Dr. L. M. Singhvi: Mr. Deputy-Speaker, Sir, I propose to make a very short spech on the subject.

I must first of all commisserate and sympathise with the hon. Health Minister on account of the relatively scant interest that has been evinced in the Demands for Grants of this Ministry, which, I think, should occupy a very much more important place in our rating. It is a sad commentary on the way we assign importance to things in this Parliament and in this community and perhaps it is this rating which is fundamentally responsible for the scant attention the complex problems of health and medical care have received in our country.

The Budget Session is a session for the Ministers to receive bouquets and brickbats and I know that the Health Minister would not mind receiving her share of them. While I have great admiration for the tenacity and persistence with which she has pursued some of the causes which she has espoused, I must express my sene of regret and ditress that some of the more important causes have suffered for want of sufficient attention and enthusiasm mostly on the part of the Ministry.

This Ministry, Mr. Deputy Speaker, you would realise, has charge of extremely important problems. Unfortunately, it has to share that charge with various State Governments and it is possible for the State Governments to accuse the Central Government and the Central Government to excuse itself or to explain away its defaults in one way or the other because of lack of sufficient co-operation from the State Governments. There should be something done in this matter of achieving sufficient and complete co-ordination in the field of national health, hygiene and medical care.

Mr. Deputy-Speaker, Sir, I should like to touch upon particularly in this brief speech that I propose to make on the morale of those who have to administer these services, who have to engage themselves in the task of relieving the pain and the suffering of the people. Dr. Singh very rightly pointed out that the noble profession to which he belongs has as its main motivating force the noble objective of relieving the pain and the suffering of the people. But, are they able to do it? The Health Minister must, as a matter of fact, search her own heart and tell us whether she thinks that the conditions of their services are really adequate and sufficiently enthusing for them and what we have done for the doctors and the nursing profession in this country to enthuse them, to dignify their profession and to make sure that they are able to give their best to the cause which is dear to us all. I feel that this Government has done precious little, unless it has been compelled to give assurances on account of agitations or representations. It is a great pity that this should be so. After all, the man who practises medicine or the nurse who gives her care to the patients must occupy a place of respect in society and their needs and requirements must receive the attention of the Ministry *suo motu* rather than on their representations.

Mr. Deputy Speaker, you would recall that in this House there was considerable concern expressed at the way in which the demands of the Central Government Health Service employees were met. I am glad to know that the Health Minister, in spite of her rather objectionable

[Dr. L. M. Sighvi]

speech at Lady Hardinge College where she condemned all such efforts on the part of the medical profession, has, I am told, given assurances which are gratifying and heartening. I only hope that her Ministry is as good as her word.

In respect of the nursing profession, the situation is even worse. It seems that their cause has always gone by default. I have looked through the debates of this House on the Demands for Grants of this Ministry and I find that there has been very little said on this subject. I would like very much that the Health Minister goes into this matter or better still that she appoints something like the Surgeon-General's Consultant Group, as was appointed in the U.S.A., to go into the question of our requirements in terms of graduate nurses and in terms of other trained nurses and also to consider the whole question of their emoluments and their service conditions. It seems that their grievances are extremely genuine and it is impossible to imagine that they would be able to put their heart into the job with which they are entrusted unless their service conditions are improved. Only the other day in The Statesman of the 16th April, 1965 there was a write-up—The Nurses nurse three grievances—and it says:

> The "women in white" are up in arms. They want more pay, allowances—and dignity. "We have very little of the first two and nothing of the last", an angry young qualified nurse said.

This is a state of affairs which is very much deplorable. I think the hon. Health Minister who has been in this field for a long time would appreciate and would concede that considerable attention needs to be paid to the demands of the graduate nurses as well as to the demands and grievances and difficulties of the trained nurses. After all, we have a severe shortage of nurses in this country and it is important not only from the point of view of medical care and nursing care in this country but also from the point of view of our defence preparedness and performance.

You would recall, Mr. Deputy Speaker, that, during the emergency of which we see very little evidence now unfortunately both in terms of preparation and in terms of governmental action, there was apparently a very severe shortage in this respect in the forward areas which I visited. I felt the problem to be one of the most palpable problems, both the shortage of Doctors and the shortage of nursing personnel, I would like the Health Minister to tell us what kind of problems they are confronted with what kind of demands or difficulties they have represented to her and we would like to know what she proposes to do about these demands and representations. I am sure that the Health Minister woluld not let these demands and grievances go unattended.

I should like briefly to comment on the state of C.G.H.S. dispensaries here because, I think, it is a matter of considerable concern to many of us who avail of these services. It is not so much the concern at receiving services which are not first-rate but a concern at the fact which is inherent in the situation which ensures the best services canont be rendered. It seems that there is a serious shortage of personnel. I know from my personal experience that whenever I send a man to collect medicines for me, he takes hours and hours to collect them at the dispensary which, I suppose, is a V.I.P. dispensary and is looked after in a really special way. Even there the situation is quite bad. I know that the situation in some other C.G.H.S. dispensaries is much worse still. I hope the Health Minister would redeem her promise of visiting some of the dispensaries and relieving procedural delays in which they are bogged up. I find that there are various pointless procedures which they have to follow which delays them considerably.

I would like to mention that the whole thinking of the Government in the matter of medical education must be reviewed and recast in terms of our requirements. I think that the targets that we have fixed, and for the fulfilment of which we pride ourselves, are targets which do not meet our needs and requirements. They are targets which are irrelevant in the context of our national requirements. I am sure that the Health Minister would do every bit to see that people are trained to be able to teach in our medical colleges and that more medical colleges and institutes would be started in the Fourth Plan than we have been told the Government propose to do.

I would like also to say a word about the rural water supply programme in which I have continuously taken considerable interest and in which respect I am not quite satisfied that the Government is doing everything that it can. It is a great pity that after 17 years of Independence, there are a large number of villages—I am sure the Health Ministry is not unaware of them—where water has to be brought from as far as 16 to 17 miles, in a pitcher on the heads of young and old women. This is a distressing state of affairs and I am surprised that the Health Ministry has not come to this House with the sense of urgency which must motivate, which must impel it to deal with this matter. I hope the House should also be persuaded to vote larger sums of money. If this cannot be done, then all this talk about welfare State and about improving the situation of the common man is really a mockery.

I should like to conclude that before I do so, I should also like to know whether the Health Minister proposes to expand its responsibilities, its assignments and undertakings in the field of town planning. I feel that very little has been done so far in this field. I feel that we have to move very much faster than we have done so far. As a matter of fact, the whole field of local-self government which is not directly our concern in this House is a subject which must be studied with deep insight and attention. This is a matter which is vital to our democracy as well as to the improvements in standard of living and hygiene.

I hope the Health Minister would have some explanation to offer in these respects and would give us an inkling of what she proposes to do.

Mr. Deputy-Speaker: This debate should close at 2-25 P.M. The hon. Minister wants 45 minutes. I will call her at 1-40 P.M. Shri Bishwanath Roy.

श्री विश्वनाथ राय (देवरिया) : उपाध्यक्ष महोदय जहां खनिज पदार्थ, ईंट, पत्थर और मिट्टी से निर्माण करने वाले लोग इंजीनियर या टैकनिकल एक्स्पर्ट कहलाते हैं वहां मानव प्राणी की शरीर रचना से सम्बन्धित विज्ञान के पोस्ट ग्रेजुएट या एम. बी. बी. एस. होने पर भी उन के सम्बन्ध में जो सामाजिक महत्व या सरकारी महत्ता होती है वह लगभग वैसी ही होती है जैसी भारत की शिक्षण संस्थाओं में काम करने वाले प्रोफेसर या शिक्षक की होती है। जहां इंजीनियर हो जाने पर उन को अच्छे ग्रेड और अन्य सुविधायें होती हैं वहां डाक्टर चाहे पोस्ट ग्रेजुएट हों या केवल एम. बी. बी. एस. हों उन की सर्विस के अन्त में भी उन को इंजीनियर आदि के मुकाबले में सुविधायें बहुत कम होती हैं। हमें इस प्रश्न को इस दृष्टिकोण से नहीं देखना है कि इसमें कितना समय लगता है क्योंकि एम. बी. बी. एस. या पोस्ट ग्रेजुएट होने में भी कम समय नहीं लगता। मेहनत या विज्ञान का ज्ञान निर्माण पूर्ण होने की दृष्टि से डाक्टरों के लिए भी उतनी ही कठिनाई होती है जितनी अन्य विज्ञान की बातों के सम्बन्ध में। लेकिन समाज ने और सरकार ने भी जो व्यवहार डाक्टरों के अथवा मेडिकल सर्विस के सम्बन्ध में रक्खा है उसे

[श्री विश्वनाथ राय]

हम सन्तोषजनक नहीं कह सकते हैं । इस लिये आज सारी नीति में मौलिक परिवर्तन करने की आवश्यकता है जिस में कि मानव समाज को बनाने वालों की या कम से कम मानव स्वास्थ्य को सुरक्षित रखने की योग्यता जो प्राप्त करते हैं उन की आर्थिक दशा ऐसी रहे जिस से उन को उत्साह हो । जहां बड़े बड़े इंजीनियरों को सरकार विशेष सुविधा देती है और अन्य स्थानों पर भी जा कर उन को महत्वपूर्ण स्थान मिलता है वहां मेडिकल सर्विस में अधिकतर स्टेट सर्विस होने के कारण, केन्द्रीय सरकार की या आल इंडिया सर्विस न होने के कारण वैसी सुविधायें नहीं रहती हैं जिस में कि विशेष प्रोमोशन आदि होने पर उन के ग्रेड कुछ बढ़ सकें ।

यह ठीक है कि हाल में सरकार ने सेंट्रल हैल्थ सर्विस को चलाया है, यह ठीक है कि इस से देश में एकरूपता आयेगी और देश में जो बिखराव अथवा विभिन्नता की बात है उस में इस सर्विस के आरम्भ करने से कुछ कमी आयेगी और उस में काम करने वालों को कुछ सुविधा होगी । लेकिन केवल इतने से ही हमारे काम में पूरी सफलता नहीं होगी । जिस तरह से शिक्षा मंत्रालय में इस पर विचार हो रहा है कि वहां आल इंडिया सर्विस कर दी जाये, उसी तरह से आल इंडिया मेडिकल सर्विस के आरम्भ हो जाने पर भी इस में जो गति है वह बहुत धीमी है । 15 मई, 1963 में सेंट्रल हैल्थ सर्विस लागू हुई । उस के बाद अब तक केवल 396 अफसर क्लास वन के और 904 अफसर क्लास टू के नियुक्त हुए । यदि इसी तरह की गति रही तो चौथी और पांचवीं पंचवर्षीय योजनाओं के अन्त में हम ऐसे अफसरों को पर्याप्त मात्रा में ले पायेंगे जिस से कि सारे देश में हम इस हैल्थ सर्विस को कायम कर सकेंगे, इस में मुझे सन्देह है । उन की सुविधाओं की बात ही नहीं है, बल्कि उन की सर्विस के आल इंडिया सर्विस हो जाने से जो सेंट्रल गवर्नमेंट हैल्थ मिनिस्ट्री की योजनायें हैं उन को लागू करने में विशेष सहायता मिलती है और मिलेगी । जहां प्रादेशिक सरकारों के द्वारा काम होने में कठिनाई आती है वहां केन्द्रीय सरकार को आगे आना होता है । कहीं कहीं तो इन कामों में इतनी देर लगती है जिस का ठिकाना नहीं है । ऐसी स्थिति में केन्द्रीय सरकार द्वारा आयोजित और उसी के द्वारा संचालित जो सर्विस होगी उस से देश के स्वास्थ्य सम्बन्धी बातों में विशेष प्रगति हो सकती है और साथ ही समाज का काफी लाभ हो सकता है तथा हमारी योजनायें सफल हो सकती हैं ।

आज विभिन्न प्रदेशों में मेडिकल कालेजज़ में और हास्पिटल्स में जो डाक्टर काम करते हैं उन के विभिन्न प्रकार के ग्रेडज़ हैं । इस सम्बन्ध में भी केन्द्रीय सरकार को ऐसी योजना या नियम बनाने चाहिये जिन से कोई विशेष अन्तर उन में न रह जाये । अच्छा तो यह होगा कि सारे देश के हर प्रदेश में जो विभिन्नता रक्खी गई है उसे बिल्कुल समाप्त कर दिया जाये और बड़े बड़े शहरों को छोड़ कर जो अन्य छोटे छोटे शहर हैं वहां पर केन्द्रीय सरकार एक ही से ग्रेड रक्खे । बम्बई, कलकत्ता, मद्रास दिल्ली या कानपुर ऐसे शहरों में कुछ फर्क हो सकता है, वहां पर जो विशेष अलाउंस आदि होते हैं वह मिल सकते हैं, लेकिन जहां पर एक ही तरह के छोटे शहर हैं वहां पर कोई विभिन्नता न रखी जाये । इस से न केवल डाक्टरों और नर्सिंग स्टाफ को लाभ हो सकेगा बल्कि सारे देश को एक सूत्र में बांधने के साथ साथ जिस रूप में देश एक होता है उस रूप में सोचने की प्रेरणा भी होगी और एक कदम हम इस सम्बन्ध में आगे जायेंगे ।

इस सम्बन्ध में केन्द्रीय सरकार यह कह सकती है कि यह स्टेट सबजेक्ट है, इसलिये हमको कठिनाई होती है। आज यह प्रश्न केवल स्वास्थ्य मंत्रालय के सामने ही नहीं है, शिक्षा मंत्रालय के सामने भी यही प्रश्न है और अन्य मंत्रालयों के सामने भी यही प्रश्न है कि जो विषय केन्द्रीय और प्रदेशीय दोनों हैं उन में काम किस तरह किया जाए। इस बारे में मतभेद पैदा हो गया है। केन्द्रीय सरकार यह अनुभव करती है कि केन्द्रीय सरकार द्वारा चलायी गयी योजनाओं में इसलिए देरी होती है कि राज्य सरकारें उनको चलाती हैं। यह कठिनाई उनके सामने है और यह कठिनाई विधान के कारण है। देश में इस समय जो वातावरण उत्पन्न हो रहा है उसको देखते हुए अब समय आ गया है कि शिक्षा मंत्रालय और स्वास्थ्य मंत्रालय अपने नियम बनावें और परिवर्तन के लिए सरकार को सुझाव दें कि केवल प्रदेशीय सरकार के भरोसे ही न रहा जाए, वरन यदि काम में देरी हो तो न केवल केन्द्रीय सरकार उसमें हस्तक्षेप करे बल्कि उसमें संशोधन करने का भी उसे अधिकार हो।

आपको मलेरिया, स्मालपाक्स जैसे बड़े रोगों को रोकने में काफ़ी सफलता मिली है और उसके लिए मैं मंत्रालय को बधाई देता हूं। खास कर गांवों में जहां से हम लोग आते हैं, ये रोग बहुत कम हो गये हैं और कहीं कहीं तो इनका नाम भी नहीं रह गया है। लेकिन कुष्ट रोग केवल मद्रास में ही नहीं, पूर्वी उत्तर प्रदेश में तथा बिहार के कुछ भागों में भी बढ़ रहा है। वहां पर कुछ गैर-सरकारी संस्थाएं अच्छा काम कर रही हैं। कुछ छोटे मोटे अस्पताल भी चल रहे हैं। इस ओर केन्द्रीय सरकार का विशेष ध्यान जाना चाहिये और उन को सहायता मिलनी चाहिये। प्रदेश सरकार इस ओर से उदासीन रहती हैं और कुष्ट निरोधक कार्यों के लिए कुछ ज्यादा नहीं करती है। मेरा सुझाव है कि इस ओर केन्द्रीय सरकार स्वयं ध्यान दे।

श्री गौरी शंकर कक्कड़ (फ़तेहपुर): उपाध्यक्ष महोदय, जब कभी स्वास्थ्य मंत्रालय की मांगों का जिक्र आता है तो सब से पहले इस बात पर ध्यान जाता है कि हमारे देश को स्वतंत्र हुए 17 बरस हो गये, फिर भी क्या वह इस स्थिति में पहुंचा है कि मानव के स्वास्थ्य के लिए जो आवश्यक चीजें हैं, जिनसे उसका स्वास्थ्य ठीक रह सकता है और वह बीमारियों से बच सकता है, उन चीजों की व्यवस्था हो पायी है लेकिन हम देखते हैं कि उन चीजों की व्यवस्था अभी तक नहीं हो पाई है। मेरा सबसे पहले निवेदन है कि एक साधारण मनुष्य के स्वास्थ्य के लिए यह आवश्यक है कि उसको शुद्ध जल मिले, उसको शुद्ध वायु मिले और उसे रहने का शुद्ध स्थान मिले। हमको यह देखना है कि इस ओर हमारी सरकार ने कहां तक कदम उठाया है। मझे बड़ा दुःख है कि हमने बहुत सी धन-राशि चेचक उन्मूलन और मलेरिया उन्मूलन पर तो लगायी लेकिन जो बुनियादी चीजें हैं, जिनके आधार पर हम इस तरह ध्यान दे सकते हैं कि मानव रोग ग्रस्त न हो, उस ओर हमारी सरकार का ध्यान नहीं गया है। अब भी बहुत से लोग देहाती क्षेत्र में ऐसे हैं कि उनको सब से आवश्यक चीज, शुद्ध जल, भी प्राप्त नहीं होता। ऐसी अवस्था में किस प्रकार हमारा स्वास्थ्य ठीक रह सकता है। जब कभी भी इस बारे में विचार किया जाता है, तो कहा जाता है कि शुद्ध जल जनता को पहुंचाने का उत्तरदायित्व भी इसी स्वास्थ्य मंत्रालय का है। परन्तु इस ओर कितना काम किया गया है? कभी तो यह कहा जाता है कि प्रदेशीय सरकार का सहयोग नहीं मिलता, वह धनराशि नहीं देते। बहरहाल इतने वर्ष व्यतीत होने पर भी अभी बहुतेरे देहात ऐसे

[श्री गौरी शंकर कक्कड़]

हैं, गांव ऐसे हैं और बहुतेरे क्षेत्र ऐसे हैं जहां मानव को, हमारे नागरिक को पीने के लिए शुद्ध जल भी नहीं मिलता, तो फिर स्वास्थ्य सम्बन्धी और बात क्या कही जा सकती है ।

एक बात मुझे इस विषय में और कहनी है । यह प्रायः कहा जाता है कि हमारे स्वास्थ्य मंत्रालय को ऐसी व्यवस्था करनी चाहिये जिससे कि जो हमारे बहुसंख्यक निर्धन नागरिक हैं उनका इलाज कम पैसे में हो सके और उनके रोग को दूर किया जा सके । जो आयुर्वेदिक, यूनानी और होमियोपैथिक पद्धतियां हैं, उनमें तो यह देखा गया है कि कम पैसे में भी रोग का निवारण हो जाता है और इलाज हो सकता है । परन्तु ऐलोपैथिक पद्धति में बहुत ज्यादा पैसा लगता है । मुझे दुःख के साथ यह कहना पड़ता है कि अभी भी हमारी जो आयुर्वेदिक, यूनानी और होमियोपैथिक पद्धतियां हैं उनके साथ इस मंत्रालय का सौतेली मां जैसा व्यवहार होता है । उनके लिए उचित अनुपात में धनराशि नहीं दी जाती । इसके अतिरिक्त इनके रिसर्च के लिए भी कोई व्यवस्था नहीं है । उनकी औषधियां प्रमाणिक ढंग से तैयार की जाएं इसके लिये भी कोई प्रबन्ध नहीं है । इसके बारे में इन्तिजाम होना चाहिए ।

एक चीज और मुझे कहनी है । हमारी केन्द्रीय सरकार ने खाने की चीजों में और दवाओं में मिलावट को रोकने के लिये यहां कानून पास किया । मैंने इस रिपोर्ट को पढ़ा है, पर मुझे इस बात का दुःख है कि इसमें कोई भी आंकड़े इस प्रकार के नहीं दिये गए कि जिन लोगों ने इस कानून को तोड़ा उन को इसके अन्तर्गत क्या दण्ड दिया गया, या कितनों पर मुकदमे चलाए गए । इस बारे में मेरा मत है कि ज भी कानून खाद्य पदार्थों को शुद्ध रखने के लिये अथवा दवाओं को शुद्ध रखने के लिये बनाए गए हैं वे कानून अपने स्थान पर इफेक्टिव कानून नहीं हैं । और उनका इम्पलीमेंटेशन नहीं होता है । होता यह है कि प्रान्तीय सरकारों के लेविल पर इन चीजों के लिये अलग अलग कानून हैं, और वह इतने नरम कानून हैं कि उनको इम्पलीमेंट करके माकूल दण्ड नहीं दिया जा सकता । मैं तो इस मत का हूं कि आज जब हमको स्वतन्त्र हुए इतने वर्ष हो गए, तो हमको एक बहुत बड़ा कानून ऐसा बनाना चाहिये कि खाद्य पदार्थों में या दवाओं में अशुद्धि करने वालों को कड़ा दंड दिया जाए । कई बार जब यहां पर इस विषय पर विचार हुआ है तो कहा गया है कि ऐसे लोग जो दवाओं में और खाद्य पदार्थों में अशुद्धि करके दिन दोपहर नागरिकों की जान लेते हैं, ऐसे लोगों को तो अगर ट्रांस्पोरटेशन फार लाइफ की या फांसी की सजा भी दी जाए तो कम है । मुझे दुःख है कि न तो इस प्रकार का कोई कानून बनाया गया और न इस कार्य का ठीक से संचालन हो रहा है ।

मैं अन्त में केवल यह कहना चाहता हूं कि इस मंत्रालय का ध्यान इस ओर अवश्य जाना चाहिये । जनता के लि उन आवश्यक चीजों की व्यवस्था की जाय जो स्वस्थ रहने के लिये आवश्यक हैं, जिनकी एक साधारण मनुष्य को रोज आवश्यकता होती है ।

जहां तक राष्ट्रीय स्तर पर चेचक उन्मूलन और मलेरिया उन्मूलन का सवाल है, यह कार्य बड़ा प्रशंसनीय रहा है और मैं इस के लिये इस मंत्रालय को बधाई देता हूं । लेकिन इसके साथ-साथ मैं एक बार फिर इस चीज को दुहराऊंगा कि एक साधारण मनुष्य को स्वस्थ रखने के लिये जो आवश्यक चीजें हैं उनकी व्यवस्था करने पर इस मंत्रा-

लय का विशेष ध्यान होना चाहिये। इस ओर मंत्रालय का सर्वप्रथम ध्यान होना चाहिये।

श्री मोहन स्वरूप (पीलीभीत): उपाध्यक्ष महोदय, देश को स्वाधीनता प्राप्त हुए 17 साल हो गए मगर यह बात शर्मनाक है कि देशवासियों का स्वास्थ्य बजाय सुधरने के गिरता जा रहा है। चिकित्सा व दूसरी जो आवश्यक चीजें हैं वे पर्याप्त रूप में इकट्ठा नहीं की जा रही हैं। इसलिए मैं चाहता हूं कि और मेरी यह मांग है कि इस मंत्रालय में आमूल चूल परिवर्तन होना चाहिये। मैं चाहूंगा कि इस मंत्रालय को एसेंशियल सर्विसेज वाला करार दे दिया जाए। जिस प्रकार से रेडियो, डाक, तार आदि एसेंशियल सर्विस के हैं उसी प्रकार से स्वास्थ्य व चिकित्सा विभाग वालों को एसेंशियल सर्विसेज में शुमार किया जाए और इस मंत्रालय का कार्य एक सुगठित ढंग से होना चाहिए। जिस तरीके से रेल, डाक और तार विभाग में बोर्डस बने हुए हैं उसी तरह से इस मंत्रालय के लिये भी एक बोर्ड गठित होना चाहिये जोकि सारे देश में स्वास्थ्य संबंधी प्रबन्ध करे। मैं चाहता हूं कि प्रान्तों से हटा कर इसका राष्ट्रीयकरण हो और केन्द्र द्वारा इसका प्रशासन चलाया जाए।

इसके साथ ही एक चीज मुझे अजीब सी लगती है और वह यह है कि स्वास्थ्य संबंधी मुख्तलिफ ढंग से काम होते हैं। रेल द्वारा भी स्वास्थ्य का कार्य होता है, चिकित्सा का कार्य होता है। उसी तरीके से और दूसरे जो डिपार्टमेंटस हैं उनमें भी अलग अलग व्यवस्था है इलाज की और दवाओं की तो मैं चाहता हूं कि इस को खत्म कर यह सारा काम स्वास्थ्य मंत्रालय द्वारा ही किया जाना चाहिये।

एक अन्य चीज जिसकी कि ओर मैं स्वास्थ्य मंत्री महोदय का ध्यान दिलाना चाहता हूं वह है पशुओं के इलाज की समुचित व्यवस्था। पशुओं के इलाज की व्यवस्था अभी फूड एण्ड एग्रीकलचरल मिनस्टरी के जिम्मे है। मैं चाहता हूं कि पशुओं के इलाज का इंतजाम भी इस मंत्रालय के अन्तर्गत आना चाहिये। वे बेचारे मूक व नरीह जानवर हैं। जोकि बोल नहीं सकतेऔर अपनी तकलीफ आपको बतला नहीं सकते हैं लेकिन आज जानवरों के लिये देश में कोई माकल व्यवस्था नहीं है।

इस सदन में कुछ वक्ताओं द्वारा डाक्टरों की कमी की तरफ भी ध्यान दिलाया गया और यह बतलाया गया कि देश में डाक्टरों की बहुत कमी है। मैं भी इस चीज को मानता हूं कि देश में डाक्टरों की कमी है। अकेले उत्तर प्रदेश में 303 अस्पतालों में डाक्टर्स नहीं हैं। यह अखबार की कटिंग है। पंजाब के करीब 30 स्वास्थ्य केन्द्रों में डाक्टर्स नहीं हैं। मंत्रालय को डाक्टरों का जो अभाव है उस पर ध्यान देना चाहिये। इस बारे में मेरा ख्याल है कि डाक्टरों को समुचित वेतन नहीं मिलता है। इसी के साथ साथ उनको अनुसंधान की जो सहूलियतें मिलनी चाहियें वे भी नहीं मिलती हैं। अकेले ब्रिटेन में बतलाया जाता है कि पाकिस्तान और हिन्दुस्तान से 4000 डाक्टर्स जो वहां शिक्षण के लिये गए थे वहीं ब्रिटेन में ही बस गए। मंत्रालय को इस ओर ध्यान देना चाहिए और अपने यहां डाक्टरों को अधिक वेतन व सुविधायें प्रदान करनी चाहियें।

दवाओं के विषय में मैं यह निवेदन करना चाहता हूं कि अभी उनके बनाने का, वितरण का या उनकी खरीद फरोख्त का जो तरीका है वह बहुत ही गलत और त्रुटिपूर्ण रहा है। आये दिन हमें यह शिकायत सुनने को मिलती है कि दवाए महंगी हैं तथा दवाएं शुद्ध नहीं मिलती हैं। पिम्परी में पैंसेलीन का जो कारखाना है वहां के लिये बतलाया गया कि पैंसेलीन की इंजैक्शन वाइल में कुछ मक्खियां व अन्य कीड़े मरे हुए निकले। दवाएं एक तो शुद्ध नहीं मिलती हैं दूसरे महंगी भी मिलती हैं। दवाएं शुद्ध तथा सस्ती

[श्री मोहन स्वरूप]

बनाने की ओर मंत्रालय का विशेष रूप से ध्यान जाना चाहिये ।

दवाओं में खासतौर से ऐंटी बायोटिक्स और सल्फा ड्रग्स के तैयार करने की बात है । उनका प्रयोग रोज बरोज बढ़ रहा है । लेकिन यह खेद की बात है कि ऐंटी बायोटिक्स और सल्फा ड्रग्स के लिये कोई रिसर्च इंस्टीच्यूट नहीं है । अमरीका, ब्रिटेन व अन्य देशों में इसकी व्यवस्था मौजूद है । मैं चाहता हूं कि वैसी व्यवस्था हमारे देश में भी हो और ऐंटी बायोटिक्स के लिये एक रिसर्च इंस्टीच्यूट देशव्यापी स्तर पर होना चाहिये ताकि टाइफ़ाइड, कौलरा, लैप्रेसी, टी० बी० और कैंसर आदि रोगों के बारे में व्यापक पैमाने पर अनुसंधान कार्य हो सके और उनकी रोकथाम की जा सके ।

पशुओं के इलाज के लिये अभी ऐंटी बायोटिक्स दवाओं की व्यवस्था नहीं है, क्योंकि वे बहुत महंगी पड़ती हैं और वे पशुओं के प्रयोग में नहीं आ सकतीं । इसलिये मेरा निवेदन है कि सस्ते किस्म की दवाइयां बनाई जानी चाहियें ।

पैंसीलीन के संबंध में कहा जाता है कि वह एक वंडर ड्रग है जो कि सारे मर्जों का इलाज कर सकती है । लेकिन उसी के साथ साथ पैंसीलीन के प्रयोग से कई बार मौतें भी हो गयी हैं । मेरे पास फ़ीगर्स हैं । उसमें बतलाया गया है कि अमरीका में कई हजार मौतें हो गयीं और हमारे देश में भी पैंसीलीन के इस्तेमाल से मौतें हुई हैं तो इस तरफ़ स्वास्थ्य मंत्रालय को ध्यान देना चाहिये और डाक्टर्स और जो दूसरे मैडिकल प्रैक्टीशनर्स हैं उनको इस तरीके की हिदायत होनी चाहिये कि पैंसीलीन इंजैक्शन का इस्तेमाल ठीक ढंग से किया जाय, गलत ढंग से उसका स्तेमाल न किया जाय ।

पिम्परी में सल्फ़ा ड्रग्स और ऐंटी बायोटिक्स की जो दवायें बन रही हैं और हरद्वार के पास ऋषिकेष में जो यह दवाएं बनने जा रही हैं वहां जो मौजूदा व्यवस्था है वह पर्याप्त नहीं है । देश की आवश्यकताओं के अनुसार व्यवस्था वहां पर मौजूद नहीं है । मेरे पास फ़ीगर्स हैं लेकिन समय नहीं है कि मैं डिटेल में इस पर कह सकूं । मैं चाहता हूं कि इस तरफ़ यह मंत्रालय ध्यान दे और आवश्यकतानुसार सल्फ़ा ड्रग्स और ऐंटी बायोटिक्स की दवाइयां बनाने के वास्ते समुचित व्यवस्था की जाए ।

Mr. Deputy-Speaker: The hon. Member should try to conclude now.

Shri Hari Vishnu Kamath: He is the only spokesman of my group, and, therefore, he may be given some more time.

Shri Mohan Swarup: I request I may be given about three or four minutes more.

Shri Hari Vishnu Kamath: He is the only spokesman of my group.

Mr. Deputy-Speaker: But the hon. Member has taken the full time allotted for his group.....

Shri Hari Vishnu Kamath: We have surrendered some time on the Demands of the other Ministries.

Mr. Deputy-Speaker: I have got that information with me. The hon. Mehber's party has got seven minutes, and the hon. Member has already taken that much time. I have to call the hon. Minister at 1-40 p.m.

Shri Hari Vishnu Kamath: He may be given two minutes more.

Mr. Deputy-Speaker: Shri Mohan Swarup may now wind up his speech.

श्री मोहन स्वरूप : फैमिली प्लानिंग पर यहां बहुत कुछ कहा गया है लेकिन मुझे खेद

के साथ इस बात को सदन के सामने कहना पड़ता है कि फ़ैमिली प्लानिंग के काम को स्वयं सरकार भली भांति नहीं चलाना चाहती है और फ़र्स्ट फ़ाइव इयर प्लान और सैकेंड फ़ाइव इयर प्लान में जो रुपया इस काम के लिये निर्धारित किया गया था वह अधिकांश लैप्स हुआ है। तीसरे प्लान में इसके लिय 27 करोड़ रुपये की व्यवस्था है लेकिन अभी तक केवल 9 या 10 करोड़ रुपये ही खर्च हुये हैं। इससे साफ जाहिर हो जाता है कि सरकार खुद नहीं चाहती है कि इस काम को आगे बढ़ाया जाए।

संतति निरोध के लिये स्टरलाइजेशन व दूसरी चीजों पर फिजूल की चर्चा होती है। लेकिन आज अखबार में इस आशय की एक खबर छपी है कि संतति निरोध के लिये कुंडल का प्रयोग सैट परसैट कारगर हुआ है साथ ही यह कुंडल बहुत सस्ता भी पड़ने वाला है। उत्तर प्रदेश में एटा में इस कुंडल के बनाने का व्यवस्था होने जा रही है। मैं चाहता हूं कि बजाय स्टरलाइजेशन के, चीरफाड़ के इन कुंडलों का प्रयोग सन्तति निरोध के लिये किया जाय और उसके लिये देश भर मे व्यापक प्रचार किया जाए।

Shri Gokulananda Mohanty (Balasore): I join my voice with that of the previous speakers that the time given to this subject, though it is very important, is very small, especially because iht is a subject which concerns a very large number of persons, and which in fact concerns every individual in this country, and also because ours being a welfare State, the State has to take upon itself the responsibility of looking after the health of the people and seeing to its improvement and also of creating conditions which will improve and enhance the health of the people. Hundreds of crores of rupees are being spent on this subject, and this is the time when we should consider whether the previous allocations had been used to our credit, and whether we had succeeded or failed in securing the object for which the provision was made. We have been told that there have been many hurdles in the way and one of those hurdles is the inadequacy of funds. When we look into the accounts given in the report we find that the inadequacy appears in a very different picture.

In the Report, it has been stated that in the First Plan period, provision was made for Rs. 140 crores of which only Rs. 101 crores were spent; in the Second Plan, provision was made for Rs. 225 crores of which only Rs. 216 crores were spent. In the Third Plan, during the first three years, of Rs. 341 crores, Rs. 191 crores have been spent. Similarly, for family planning, in the First Plan, Rs. 70 lakhs were provided for of which Rs. 14 lakhs were spent; in the Second Plan, of Rs. 300 lakhs provided for Rs. 215 lakhs were spent. During the Third Plan, of Rs. 27 crores provided for, only Rs. 8 crores have been spent in these three years. Evidently, Sir, our system of spending has been very defective. Otherwise, what is the necessity of providing so much of money and collecting it from our people which we cannot spend? It leads simply to hardship to tax-payers. Bad budgeting also leads to irregular spending. Many measures have been taken for the improvement of health of the people in the matter of food and water.

As regards food, many of the previous speakers have spoken on this. New measures for prevention of adulteration have been taken. The old Act was not able to prevent the adulteration. It is good that new measures have been taken.

Regarding water supply, Government is going to form or rather is considering to form a Water Pollution

[Shri Gokulananda Mohanty]

Control Board; Drinking Water Board is there. They have made recommendations which are under the consideration of Government. The step that is taken now is too late. Had the water problem been solved and even if the rest of the problems remained unsolved, it could have been an achievement for the Ministry. Measures have also been taken for checking the air-borne, water-borne and food-borne diseases. In these also, I cannot but congratulate the Ministry that they have achieved a notable success. This is evident from the fact that there is a reduction in the death-rate from 27 in the thousand to 20, now. The expectation of life in the course of this short period has risen from 32 to 50. But the birth rate has remained constant in spite of crores of rupees having been spent on birth control.

As regards leprosy control, Government, have taken many measures, Unfortunately, in our province, though they have covered a large number of areas, yet there are no dispensaries under construction even. No staff quarters have been constructed. Though patients are supplied with cloth, medicines and shoes they are not given in sufficient number.

Mr. Deputy-Speaker: It is the concern of the State Government.

Shri Gokhulanada Mohanty: But this is a Central Government pilot project.

Mr. Deputy-Speaker: Please wind up.

Shri Gokulananda Mohanty: I want one minute more to wind up.

Mr. Deputy-Speaker: I am sorry I have no time to allow.

श्री किशन पटनायक (सम्बलपुर) : उपाध्यक्ष महोदय हिन्दुस्तान में सबसे बड़ा रैकट है दवाइयों का और हिन्दुस्तान में सब से बड़ी मुनाफ़ाख़ोरी होती है दवाइयों में इस मुनाफ़ाख़ोरी का फ़ायदा ज्यादातर क्या पूरा ही विदेशी पूंजीपतियों को जाता है यह कैसे होता है उसके बारे में मुझे इतना ही कहना है कि हिन्दुस्तान में जो दवाइयों का दाम इतना ज्यादा है उस के दो कारण हैं—एक मुनाफ़ाख़ोरी और दूसरा पेटेंट । पेटेंट के ज़रिये विदेशी मुद्रा का हर साल इतना नुक्सान होता है कि अगर स्वास्थ्य मंत्री ठीक ढंग से काम करें तो वित्त मंत्री जी को बहुत सुविधा हो जायेगी ।

श्री पू० शे० नास्कर : कैसे ?

श्री किशन पटनायक : कुछ दिन पहले जब मैंने ग्राइप वाटर के दामों के बारे में कहा था, तो स्वास्थ्य मंत्री ने अपनी नादानी बताई थी यह कह कर कि पटनायक जी को कहां से ये खर्च के आंकड़े मिल गए, मुझे तो कोई जानकारी नहीं है । असल में जानकारी तो उन्हीं को होनी चाहिये कि हिन्दुस्तान में दवाइयों का दाम क्यों सारे विश्व में सर्वोच्च है । विश्व भर में हिन्दुस्तान में दवाइयों का दाम इतना चढ़ा हुआ है, जितना और कहीं नहीं है । मैं सैनेटर कैफवर की रिपोर्ट से एक जुमला पढ़ देता हूं :—

> "As a matter of fact, in drugs generally, India ranks among the highest priced nations in the world—a case of inverse relationship between per capita income and the level of drug prices."

मैं ग्राइप वाटर के दाम के बारे में फिर मंत्री महोदय को बता देता हूं कि जो ग्राइप वाटर एंग्लो-थाई कारपोरेशन के द्वारा ही निर्मित होता है, जो कि टी० टी० के० एंड कम्पनी का एक हिस्सा है, उसकी एक बाटल की कीमत बाज़ार में 2 रुपये और 10 पैसे हैं लेकिन उस का लागत ख़र्च 30 पैसे, मैनुफ़ैक्टरर का मुनाफ़ा 3 पैसे और वितरण खर्च शायद लगता हो 47 पैसे । फिर

मुनाफ़ाख़ोरी वितरण पर होती है 1 रुपया 27 पैसे । तब जाकर 2 रुपये 10 पैसे बनता है ।

वितरण पर जो मुनाफ़ा कमाया जाता है वह वुडवर्ड्ज के ग्राइप वाटर के लन्दन वाले दफ़्तर में भेज दिया जाता है । लन्दन में टी० टी० के० एंड कम्पनी का भी एक दफ़्तर है । वहां दोनों उसका बटवारा कर लेते हैं। मंत्री महोदय खुद इस ढंग का हिसाब जानने की कोशिश करें। वह दवाइयों की लागत का विश्लेषण करें और मुनाफाख़ोरी को कम कर के दवाइयों का दाम घटाने की कोशिश करें । यह है मुनाफ़ाख़ोरी की मिसाल ।

जहां तक पेटन्ट का सम्बन्ध है मंत्री महोदय ने इसी सदन में मेरे एक सवाल के जवाब में कहा था कि लिब्रियम में जिस दवाई की ज़रूरत होती है, उस पेटेन्टेड दवाई की कीमत 5,000 रुपये किलोग्राम है लेकिन जो लोग इटली में खुले बाज़ार से ख़रीदते हैं, उन को वह दवाई 312 रुपये किलोग्राम के हिसाब से मिलती है । इतना बड़ा अन्तर है । यह स्थिति सिर्फ़ एक दवाई के बारे में नहीं है बल्कि जितनी भी पेटेन्टेड दवाइयां हैं उन सब के बारे में यह शिकायत है ।

हिन्दुस्तान में जो विदेशी कम्पनियां हैं उनके सम्बन्ध में नाम मात्र के लिये भारतीय सहयोग की बात कही जाती है, लेकिन भारतीय सहयोग कुछ होता ही नहीं है और वे पूरी की पूरी विदेशी कम्पनिया हुआ करती हैं । जैसे रोश कम्पनी के सिर्फ 11 परसेंट हिस्से ही भारतीय हैं और वे भी वोल्टाज़ के हैं जिस में फिर एक स्विस कपनी का करीब 48 परसेंट हिस्सा है ।

इस ढंग से जो विदेशी मुद्रा का नुक्सान होता है और साथ ही दामों में वृद्धि होती है और मुनाफाखोरी होती है, उनको ख़त्म करने के लिए, पेटेंट को खत्म करने के लिये सरकार जल्दी कदम उठाये ।

आखीरी बात नर्सों के बारे में मैं कहना चाहता हूं । उनके बारे में काफी कुछ कहा जा चुका है । इस सम्बन्ध में मैं इतना ही कहना चाहता हूं कि सभ्य देशों में जैसा कि ग्रेट ब्रिटेन है, एक डाक्टर के पीछे तीन नर्सें होती हैं। जो भोर कमेटी थी उसने जो रिपोर्ट दी उसके मुताबिक एक डाक्टर के पीछे चार नर्सिस होनी चाहियें । अभी स्थिति यह है कि दो नर्सों के पीछे एक डाक्टर है । यह क्यों होता है ? इसका एक कारण ने यह है कि नर्सों को शिक्षा देने के लिए शिक्षण कालेजों का प्रबन्ध नहीं है और दूसरे उनकी तन्ख्वाह भी बहुत कम है । उनको ठीक तरह से भत्ता भी नहीं जाता है । जबकि मैडीकल डाक्टर बनाने के लिये कालेजों की संख्या अस्सी या इसके आसपास है नर्स कालेज़िज़ की संख्या सात ही है । उनको भत्ता और तन्ख्वाह भी कम दिये जाते हैं । अगर किसी दूसरे को कम्पेंसेटरी एलाउंस आट सैकड़ा मिलता है, तो नर्सों को चार सैंकड़ा ही मिलता है । जहां दूसरों का जो ग्रेड है, दूसरी नौकरियों में जो तनख्वाह है वह बढ़ कर पांच सौ या साढ़े पाच सौ तक जाती है नर्सों की तनख्वाह बढ़ कर सिर्फ साढ़े तीन सौ तक ही जाती है । इन सब चीजों में सुधार लाना बहुत जरूरी है । मैं चाहता हूं कि उनकी तनख्वाह बढ़ाई जाये उनकी इज्जत बढ़ाई जाए । रोगी के गले के नीचे दवा धकेलना ही काफी नहीं है, रोगी की सेवा अच्छी तरह से हो, इसकी भी हिन्दुस्तान को आज बहुत जरूरत है ।

Mr. Deputy-Speaker: Dr. Sushila Nayar.

Shri Shiv Charan Gupta (Delhi Sadar): I had sent in my name. I have also been standing up to catch your eye. My only submission is that the centrally administered areas

[Shri Shiv Charan Gupta]

need a little more consideration at your hands. I do not want to stand in your way, but we have no other forum to express our views.

Mr. Deputy-Speaker: He did not catch my eye.

Shri Shiv Charan Gupta: I have been standing up to catch your eye since the discussion started.

Mr. Deputy-Speaker: There is no time also.

Shri Hari Vishnu Kamath: You can extend the time by half an hour. It is in your discretion. The Speaker can extend it by one hour; you too can extend it similarly at least by half an hour.

Mr. Deputy-Speaker: We have already exceeded the time by 20 minutes. Anyway I will give an opportunity to Shri Shiv Charan Gupta.

श्री बालमीकी (खुर्जा) : एक घंटा और बढ़ा दिया जाए ।

श्री शिव चरण गुप्त : सब से पहले मैं आपको धन्यवाद देता हूं कि आपने मुझे बोलने का मौका दिया है ।

मैं स्वास्थ्य मंत्रालय को तथा स्वास्थ्य मंत्री जी को मुबारिकबाद देता हूं कि उन्होंने कई दिशाओं में अच्छा काम किया है । तृतीय पंचवर्षीय योजना में कई मदें थीं जिन के लक्ष्य उन्होंने तकरीबन तकरीबन हासिल कर लिये हैं, चाहे उनका ताल्लुक प्राइमरी हैल्थ सेंटर्ज से हो या अस्पतालों से हो या डिस-पैंसरीज से हो या मैडीकल कालेज खोलने से हो या नर्सों की शिक्षा से हो । इन सभी के अन्दर उन्होंने अच्छी प्रगति कर के दिखलाई है । यहां पर यह भी बताया गया है कि मलेरिया उन्मूलन के सम्बन्ध में जो काम चल रहा है उस के अन्दर भी अच्छी प्रगति हुई है ।

लेकिन इसके साथ साथ मैं यह भी कहना चाहता हूं कि कई ऐसी बातें हैं जिन के बारे में अभी तक जितना काम होना चाहिये था नहीं हुआ है, जितनी कोशिश होनी चाहिये थी उतनी कोशिश नहीं हुई है और जो लक्ष्य तीसरी योजना में रखे गये थे उनसे काफी हम पीछे हैं । श्रीमन, आप जानते हैं कि जहां तक बच्चों के स्वास्थ्य का ताल्लुक है, गो उस का ताल्लुक हैल्थ मिनिस्ट्री और एजुकेशन मिनिस्ट्री दोनों के साथ है लेकिन फिर भी यह बात मैं यहां कह देना चाहता हूं कि उसके सम्बन्ध में जितना काम होना चाहिये था नहीं हुआ है । दूसरी पंचवर्षीय योजना के आखिर में तकरीबन 44 मिलियन यानी चार करोड़ चालीस लाख के करीब बच्चे स्कूलों में पढ़ते थे और अंदाजा यह है कि तीसरी योजना में दो करोड़ के करीब और बच्चे स्कूलों के अन्दर जायेंगे । अगर उन के स्वास्थ्य का खयाल आज नहीं किया जाता है तो उन का जो विकास है वह रुक जायेगा और उससे सारे समाज को नुक्सान पहुंचेगा । वे जितना समाज को दे सकते हैं नहीं दे पायेंगे ।

इस बात को मैं अच्छी तरह से मानता हूं और समझता भी हूं कि जहां तक स्वास्थ्य विभाग का ताल्लुक है, स्वास्थ्य मंत्रालय का ताल्लुक है इस का बहुत बड़ा सम्बन्ध जो हमारे राज्यों के स्वास्थ्य विभाग या स्वास्थ्य मंत्रालय हैं, उन से है । इस बात की ओर ध्यान देने की आज जरूरत है कि जहां तक राज्य सरकारों का ताल्लुक है वे स्वास्थ्य के मामले में उतनी बेचैन नहीं हैं जितनी कि हमारी स्वास्थ्य मंत्री जी यहां हैं या यहां का स्वास्थ्य मंत्रालय है । इसलिए इस बात की बहुत सख्त जरूरत है कि वे भी इस काम में दिलचस्पी लें । जितना भी काम स्वास्थ्य का है वह सारे का सारा राज्यों की मार्फत होता है, इसको आप सभी जानते । अगर राज्य उन कामों के बारे में उदासीन रहें,

चाहे वह रूरल वाटर सप्लाई का मामला हो या दूसरे काम हों, तो उससे बहुत सी पेचीदगियां पैदा हो जाती हैं और जो लक्ष्य आप हासिल करना चाहते हैं वे लक्ष्य पूरे नहीं होते हैं ।

जो हमारे बोर्डर एरियाज़ हैं, जो बैकवर्ड एरियाज़ हैं, जो हिल्ली ट्रैक्ट्स हैं वहां पर भी स्वास्थ्य के सम्बन्ध में जितने काम होने चाहियें, जितनी बातें होनी चाहियें, वे हुई हैं या नहीं हुई हैं, सारे के सारे काम हुए हैं या नहीं हुए हैं, इस को भी आप को देखना चाहिये । बोर्डर एरियाज़ पर बराबर खतरा बना रहता है और वहां पर उन सेवाओं को अगर हम नहीं ले जाते हैं तो उस से काफी दिक्कत पैदा हो जाती है । इसलिए मैं चाहता हूं कि इस सम्बन्ध में स्वास्थ्य मंत्रालय ने क्या क्या कदम उठाये हैं, उस के बारे में स्वास्थ्य मंत्री जी हमें बतलायें ।

मेरे काबिल दोस्त डा० सिंघवी ने डाक्टरों और नर्सों की मांगों के बारे में काफी कुछ कहा है । मैं उनके साथ अपने को भी जोड़ता हूं । मैं भी चाहता हूं कि सरकार बताये कि उसने क्या क्या कदम उठाये हैं जिस से उन के अन्दर जो एक असन्तोष की भावना है वह दूर हो और काम ठीक तरह से चले ।

दिल्ली के अन्दर इरविन अस्पताल है और उस के कैंपस के अन्दर मौलाना आज़ाद मैडीकल कालेज और जी० बी० पन्त अस्पताल चल रहा है । इनके दर्म्यान और इन का आपस में कोआर्डिनेशन होना चाहिये । यह ताज्जुब की बात है कि यह इतना बड़ा अस्पताल है जहां पर कि दिल्ली के आसपास के क्षेत्रों से भी काफी बड़ी संख्या में लोग इलाज कराने के लिये आते हैं लेकिन वहां पर अभी तक हृदय रोग और कैंसर के इलाज का माकूल इंतज़ाम नहीं हुआ है ।

फैमिली प्लानिंग के बारे में काफी कुछ कहा गया है । मैं स्वास्थ्य मंत्री जी का ध्यान इस ओर दिलाना चाहता हूं कि 27 करोड़ रुपये का प्राविज़न तीसरी पंचवर्षीय योजना में किया गया था लेकिन अभी तक चौदह करोड़ रुपया ही खर्च हुआ है और बारह करोड़ के करीब रुपया बाकी खर्च होने को पड़ा हुआ है । सात लाख के करीब लोगों को स्टेरेलाइज़ किया गया है । जहां तक कि एक हवा पैदा करने की बात है, फैमिली प्लानिंग के बारे में लोगों का ध्यान दिलाने की बात है उसके अन्दर तो स्वास्थ्य मंत्री जी जरूर कामयाब हुई हैं लेकिन जहां तक कनक्रीट रिजल्टस की बात है, अभी वे हमारे सामने आने बाकी हैं और उन के आने में अभी बहुत देर है । चौथी योजना जो बन रही है उस में काफी ध्यान इस की ओर दिया गया है । मैं कहना चाहता हूं कि पहले से ही इस के सम्बन्ध में सोचा जाए कि क्या क्या उपाय किये जायें और किस तरह से इस काम के अन्दर गति लाई जाय ताकि जो एक समस्या बढ़ती हुई आबादी की है और जो गम्भीर रूप धारण करती जा रही है उस समस्या का कोई समाधान निकल सके ।

तीसरी पंचवर्षीय योजना में तीन करोड़ के करीब रुपया इंडिजिनस सिस्टम आफ़ मैडिसिज़ के लिए रखा गया था । खेद के साथ मुझे कहना पड़ता है कि 10 दिसम्बर 1964 तक करीब 28 लाख 32 हज़ार रुपया खर्च हुआ था और उस के साथ साथ 16 लाख 66 हज़ार रुपये दूसरी मदों में खर्च करने की बात थी, ग्रांटस के तौर पर खर्च करने की बात थी । इस तरह से आप को पता चलेगा कि तीन करोड़ में से तकरीबन 44 लाख रुपया ही खर्च हुआ है जबकि हमारे सामने अब सिर्फ एक ही साल बाकी है बाकी रुपये को खर्च करने के लिए । मैं कहना चाहता हूं कि इंडिजिनस सिस्टम आफ़ मैडीसिन के बारे में ज्यादा ध्यान देने की आवश्यकता है क्योंकि अगर हम इस के ऊपर

[श्री शिव चरण गुप्ता

ज्यादा खर्च कर सकें, ज्यादा ध्यान इस ओर दे सकें तो हमारे लिए यह बहुत फायदे की बात होगी ।

टाउन प्लानिंग के बारे में अब एक बात कहना चाहता हूं । आप जानते हैं कि पिछले पंद्रह सालों के अन्दर जो अर्बन आबादी है वह बढ़ती जा रही है हिन्दुस्तान के अन्दर । अगर इस तरह से अर्बन आबादी बढ़ती जाय और शहरों और कसबों का विकास हम एक योजना के तहत न करें तो वहां पर दूसरी समस्यायें पैदा हो जाती हैं वहां पर गन्दी बस्तियां बन जाती हैं । आप इस बात की तरफ़ ध्यान दें कि 1951 में जिन नगरों की जनसंख्या पचास हजार से ऊपर थी उन की संख्या 185 थी । 1960-61 में इनकी संख्या बढ़ कर 248 हो गई । तृतीय योजना के अन्दर तीन करोड़ रुपया टाउन प्लानिंग के लिए रखा गया था और उस में से भारत सरकार ने 135 लाख रुपया 1963–64 तक स्टेट्स को दिया । खेद के साथ मुझे कहना पड़ता है कि उन्होंने केवल 51 लाख रुपया उस पर खर्च किया है और अभी तक बहुत बड़ी धनराशि उनके पास पड़ी हुई है । यह बात गौर की है कि हैल्थ मिनिस्ट्री ने जहां 74 योजनाओं को मंजूर किया है, उनमें से सिर्फ ग्यारह के ही अभी तक ड्राफ्ट मास्टर प्लान बने हैं । बाकी के अन्दर किसी में कम कार्रवाई हुई है किसी में ज्यादा कार्रवाई हुई है । जहां पर इंडस्ट्रियलाइजेशन हो रहा है, जहां पर गांवों से ज्यादा आबादी शहर के अन्दर आ रही है, अगर हम उसका ख्याल न करें तो वहां गन्दी बस्तियां बन जायेंगी और उनकी दूसरी समस्यायें हमारे सामने पेश हो जायेंगी । बाद में जब हम इन समस्याओं को हल करना चाहेंगे तो हमें बहुत ज्यादा रुपया उन पर खर्च करना पड़ेगा ।

14 hrs.

लोकल सेल्फ गवर्नमेंट के बारे में एक सेंट्रल कौंसिल, लोकल सेल्फ गवर्नमेंट बनी हुई है । उसने बहुत सी योजनायें भी रखी हैं, और जहां तक शहरी आबादी का ताल्लुक है 50 हजार से ऊपर की आबादी वाले जो शहर हैं उनके अन्दर तकरीबन साढ़े चार करोड़ लोग रहते हैं । इस बात की जरूरत है कि जिन बातों के बारे में उस कौंसिल ने विचार किया है उन को कार्यान्वित करने के लिये कदम उठाये जायें । जो मलवे का सवाल है या कूड़े करकट के उठाने का सवाल है, उसके लिये जो मिकेनाईज्ड मीन्स आफ ट्रांस्पोर्ट हैं अगर उनका इस्तेमाल नहीं किया जाता है तो गन्दी बस्तियां बनती रहती हैं और बीमारियां फैलती हैं ।

इसी तरीके से जो मिकेनिकल कम्पोस्टिंग प्लैन्टस और इनसेनरेटर्स को वहां लगाने की बात है, उसी तरह से जो ड्राई लेट्रिन्स हैं उनकी जगह फलश लैट्रिन्स बनाने की बात है, शहरों में जो आफन्सिव ट्रेडज़ हैं उनको शहरों से हटाने का सवाल है । इन सब के लिये बहुत रुपये की दरकार है । लेकिन अगर हम जल्दी इनकी तरफ ध्यान नहीं देंगे तो जितना समय ज्यादा लगेगा उस दर्म्यान में उतनी ही हमारे सामने शहरों के अन्दर और बहुत सी समस्यायें पैदा होती जायेंगी और उन्हें हल करने के लिए और भी अधिक रुपये की जरूरत पड़ेगी ।

इसलिये इन शब्दों के साथ मैं स्वास्थ्य मंत्री का ध्यान इन बातों की ओर दिलाता हूं

The Minister of Health (Dr. Sushila Nayar): Mr. Deputy-Speaker, I am grateful to the House for, on the whole, an appreciative debate on the demands of this Ministry. Practically everybody from both sides of the House has appreciated the work done in the preventive fields, control of communicable diseases, and the like. They have also expressed an anxiety that the allocations are inadequate

and that much greater importance needs to be given to the subject of health than has been the case in the past.

Sir, all that I can say is that so far as the Health Ministry is concerned we have tried to do our best within the limited resources at our disposal. Hon. Members opposite suggested that health should be a Central subject, and like the Railway Board which works on a regional basis, the Central Government should set up regional boards and control the subject of health all over. This involves a major and fundamental departure from the policy that we have followed in this country which is based on democratic decentralisation. We have not only given the fullest responsibility to the State Governments, but beyond the State Governments fullest responsibility is being given at the district and block levels and as such it is not possible for the Central Government to control the entire health services and health programmes in the country from the Centre. What we have tried to do, however, is to evolve a common policy through the Central Health Council. We sit and discuss every programme threadbare once a year, but the implementation of these programmes is left to the State Governments. Our officers have gone round and sat with the State Governments from time to time to see to the implementation of various programmes, to understand their difficulties and to try to resolve them as far as possible. The fact remains, however, that the degree and the standard of implementation of the programmes is not uniform in the whole country. There are State Governments that have done extremely well and there are State Governments that are rather slack. Then, Sir, within the overall programmes, some give more importance to one type of programme, and some to another type of programme, so that the overall picture of the implementation of the various programmes is not uniform. We are, however, trying our level best to improve the implementation of the programmes where they are not going according to expectation and the method to do that is the method of persuasion, sitting together, discussing the subjects and making the State Governments see the importance of the various programmes. I am glad to say that on the whole the progress made in this direction has been good and we hope it will be better and better as the time goes.

One of the important steps that we took last year—early last year, I think —was the setting up of the Central Institute of Public Health Education Administration. To this Institute, we have been inviting top administrators from the State Governments who have sat round the table and discussed the whole concept of planning in the field of health and various other economic principles that are extremely important if the programmes are to succeed. Not only the health experts have to know their own subject, they have also got to learn today the language of the economists and the planners to sell their programmes to these specialists and I am glad to say that whenever I have gone to the States the general remarks that were made were that those officers who have attended this course at the Central Institute of Public Health Education and Administration have gone back better equipped and have done their job with greater enthusiasm, clarity and efficiency.

Sir, we must realise that we are a big country and within that big country and within the democratic framework, we have to try to execute and implement the programmes of health so that our people become free from diseases as quickly as possible and they enjoy the optimum level of health which will enable them to have a good life and also do their bit, be it in the field of production, efficient administration, and the defence of the country, etc. etc.

It is a recognition of the fact that there is an increasing tempo of good

[Dr. Sushila Nayar]

and efficient implementation of these programmes that we are hopeful that in the Fourth Plan we shall get something like three times the allocation that we had in the Third Plan. It is much less than what we had asked for. It is something like 40 or 42 per cent of the programmes that we had put forward. But still it is much more than what we were given in the Third Plan.

An hon. member was rather critical that the expenditure has not been upto the mark and that whatever the Health Ministry was allocated in different Plans was not spent. It is true that in the Second Plan, out of a total of Rs. 225 crores, what they were able to spend was Rs. 216 crores. But, Sir, that is not a bad performance. In the First Plan, out of Rs. 140 crores, they were able to spend Rs. 101 crores. An important reason for the short-fall in expenditure is that although the money is provided in the Plan, it is not necessarily made available to the Ministry for expenditure. The Budgets are made from year to year, and the Ministry is able to spend whatever money is provided in the Budget, and has very often to be content with much less than what is asked for. However, as the figures show, the amount of shortfall was very much less in the Second Plan than in the First Plan, and in the Third Plan, the expenditure in the first four years is more than 70 per cent of the total allocation. I think if we can get a little more money than what is provided in the Third Plan, we will be able to spend it. We are confident that the money that is there in the Plan will be spent fully, and probably something more, if it is possible to get it. We shall try our best to get it, but whether we will get it or not, we cannot say, because it depends upon the overall finances of the country. Thus, there is absolutely no reason for any hon. Member to feel that the money provided for the Health Ministry has not been spent or cannot be spent.

Similarly, it was stated by an hon. Member that in family planning, out of Rs. 30 crores we had spent Rs. 10 crores; another Member said that out of Rs. 27 crores, we had spent Rs. 8 crores. This is not correct. The truth of the matter is that in family planning we have been doubling our expenditure every year in the Third Plan. Whatever amount was provided in each year's Budget has been very largely spent.

For instance, in the First Plan, the total expenditure was Rs. 14 lakhs. In the Second Plan, it was Rs. 2·15 crores. In the Third Plan, in 1961-62 the expenditure was Rs. 1·38 crores; in 1962-63, Rs. 2·68 crores; in 1963-64, Rs. 3·97 crores; in 1964-65, Rs. 6·05 crores.

Dr. L. M. Singhvi: Expenditure of the budgeted amount, as the Health Minister would appreciate, is a very poor index of the progress of the scheme. Is the Minister herself satisfied that family planning has really made an impact on the country?

Dr. Sushila Nayar: May I finish? After I have finished, the hon. Member may make his comments or put any questions.

Dr. L. M. Singhvi: Interruption is a recognised right in Parliament.

Dr. Sushila Nayar: I am taking the subjects one by one.

Therefore, this criticism that expenditure is slack does not get support from the figures that I have given. We are confident that whatever has been provided a sum of over 25 crores we will be able to spend. If we have been spending slowly, it is simply due to the fact that we are not here to throw away public money. We spend it where we are confident that money will be well spent and produce the results for which the money is meant. I have had the privilege to sit and learn at the feet of a great

master who always emphasised to us that public funds should be spent with much greater vigilance than one's private funds, that every penny of public funds should be spent after very careful thought. If money is not spent, that is no great loss. At any rate, that money of the taxpayer will be available for the service of the taxpayer in some other form. The only regret one can have is if the money is unwisely spent, and I can assure this hon. House that we have not spent it unwisely to the best of our knowledge. We are making very sure that whatever is spent is spent well and spent usefully.

14.15 hrs.

[DR. SAROJINI MAHISHI *in the Chair*]

It was stated by some hon. Members that some work in family planning might have been done in the cities, but nothing was done in the rural areas. The truth of the matter is that we have today 10,964 family welfare planning centres. Some of these centres have been newly set up with entire new staff and set-up for family planning. Some of these are centres where family planning has been added on to an existing primary health centre, or any other institution that might have been in existence. Out of these 10,964 family welfare planning centres, 9,246 are in the rural areas. This shows that we have not neglected the rural areas. We have given the maximum attention to them. This is as it should be, because 80 per cent of our people live in the rural areas.

We have already exceeded the target of the Third Plan of about 7,000 centres in this field. There have been something like 8,27,280 sterilisations. For sterilisation operations, there are 150 units; some of them are static and some are mobile. They go round the primary health centres etc.. and perform the operations. Apart from these full time units for sterilisation, we have also mobilised private practitioners, surgeons etc., for this purpose.

The programme of Family Planning in the First Plan was confined more or less to the general idea of the rhythm method. In the Second Plan, a real beginning was made by making a nucleus organisation at the Centre. It is only in the Third Plan that the programme is going forward with considerable momentum, and every year the momentum is gaining ground.

One new break through that has come about and which may prove more useful than any other method that we have adopted so far is the intra-uterine device, which is a small plastic loop, which can be introduced in the uterus, and so long as the loop is there in position, conception does not take place. If and when the woman wants another baby, all that she has to do is to have this loop removed, and she can have another baby. I am happy to report to the hon. House that we have set a target of one million intra-uterine devices for the current year.

14.18 hrs.

[MR. DEPUTY SPEAKER *in the Chair*]

Further, I am glad to say that, while we were being offered technical assistance from abroad, our own technical people took the sample, worked day and night, and within a week produced excellent samples of this intra-uterine device. Now we have placed orders for two million of these devices in our public sector plastic factory at Etawah. I am confident that not only will this programme be successful in reducing the birth rate as we want it, but also that we will be self-sufficient in so far as the requirements of this device are concerned.

Shri R. G. Dubey (Bijapur North): Some well known British expert has given an adverse opinion about it.

Shri Hari Vishnu Kamath: That it makes women masculine.

On a point of order. I am extremely reluctant and sorry to interrupt the hon. Minister's useful and interesting speech, but I am sure you will agree that when she is making such a speech, there ought to be a quorum in the House.

Mr. Deputy-Speaker: The bell is being rung....Now there is quorum.

Dr. Sushila Nayar: I think what the hon. Member was referring to was probably the oral contraceptives about which some adverse opinions have appeared. I am not talking of the oral contraceptives. I am talking of the intra-uterine device. I might mention that we have proceeded about it in a very careful and cautious manner. First of all we introduced these loops under very careful experimental conditions. In 2,389 insertions, the removal rate for bleeding, pain, etc. was 5·27 per cent. Some of the women expel the loop and in this group the expulsion rate was 4·89 per cent. In a very small percentage, 0·46, there was pregnancy and in 0·08 per cent there was infection. These figures are very encouraging on the whole and we hope that with more precautions and proper organisation some of these complications may be avoided, and will not cause any serious difficulty. We have prepared a booklet as a guide and we propose to invite women doctors from different places for a brief course of training, practical training so that they can go back and take to this method. The idea is that in the first place we shall concentrate on all the maternity hospitals, nursing homes and institutions where women come for deliveries, etc. and give the device to them in the post natal period so that the risk of introducing it in early pregnancy may be avoided. I believe this can be one of the important reasons of bleeding following the insertion of the intra-uterine device. We are producing chemical contraceptives within the country. We are setting up a factory for rubber contraceptives also in the Public Sector. An hon. Member asked whether there was any effect upon the birth rate. In certain selected areas for which careful figures and statistics had been made available, we find definitely encouraging results. For instance, in the city of Bombay the birth rate is 27 as compared to something like 40-41 in the whole country. Similarly in a block near Madurai where some villages were put under experimental study there was a definite drop in birth rate. The same thing occurred in a block near Calcutta, Shingur block. We sent a telegram to various State Governments asking them to tell us if they could definitely indicate that there has been some reduction in the birth rate in their districts and we have received replies indicating that there is a reduction in several districts in some of the States. We are not giving those figures just now because we want them to be double-checked before we come forward with any definite statement. I appreciate the interest that the hon. Members have taken in family planning.

Another hon. Member, Swami Rameshwaranandji who is not present here today, made a very strong speech against family planning and preached the method of self-control and brahmacharya. All that I can do is to repeat what I said in my speech last year, namely, that I wholeheartedly welcome the idea of brahmacharya and self-control and we would like people to follow that method to the maximum extent possible. May I take this opportunity to say that it is for organisations and individuals like Swamiji and the religious organisation that he represents and others to preach the method of self-control and brahmacharya and the high moral standards with which I am quite sure we are in wholehearted agreement and which will no doubt improve the health of the nation in every way. So far as Government

is concerned we cannot force individuals to follow one method or the other. If they follow brahmacharya, we are extremely happy; we welcome it. If they cannot follow that and they want some other help, help is being made available under suitable conditions. It is for them to use it or not to use it. Nobody is being forced to do anything. We are trying to put forward the idea, the concept that family planning is good for the individual, for the health and happiness of the home, as well as for the welfare and prosperity of the nation. I am sure that every individual is interested in the health and hapiness of his or her own family at least.

I must now go forward to another subject although the subject of family planning is such that I could talk about it much longer. Quite a number of hon. Members expressed concern with regard to price and quality of drugs, etc. The production of drugs, I am sorry to say, is not the concern of the Health Ministry. Therefore, if I do not know the pricing structure and the various intricate figures which my friend opposite, hon. Member Shri Pattnayak wanted me to know, I hope he will understand why. The Health Ministry is only the consumer of drugs, a much more large-scale consumer than any individual citizen because we provide for the hospitals and the health centres. Production of drugs is dealt with by the Ministry of Petroleum and Chemicals. I have taken it up with my colleague, the matter of greater production and self-sufficiency of drugs.

Shri Kishen Pattnayak: Is it not your concern to see that people get good and cheap drugs?

Dr. Sushila Nayar: Certainly, we are most anxious that our people should have quality drugs and that they should have them as inexpensively as possible so that the drugs may be within the reach of the common man. It has been for this very reason that we have given emphasis to the production of drugs within the country. Penicillin used to be very costly but its price was reduced to a fraction of its organial cost when the production started within the country in the Public Sector. I hope the same thing will be true when other factories go into production in the public sector that we are setting up.

The same hon Member said a good deal with regard to the role of patents in increasing the prices of drugs. Government is aware that patents have created some of these difficulties. It is for that very reason that Government took up the question of revising the patent law, and I am sure my hon. colleague the Minister for Industries will be introducing the amending Bill in this hon. House before too long.

Shri Kishen Pattnayak: You want to dispense with the patents?

Dr. Sushila Nayar: I am not in a position to say anything as I have not seen the draft Bill of my hon. colleague. But he will do whatever is best. On the one hand there is the question of the price of drugs, and on the other the hon. Member has already stated that the quality of drugs is equally important and we must not do anything which might possibly throw open the flood-gates for ill equipped people to take to producing sub-standard drugs or drugs which are not of proper quality. So I am quite sure that whatever Bill is brought before this House by my hon. colleague he will bear in mind both these aspects, namely the production of the right quality of drugs as well as the pricing structure. I will not take the time of the House to say more about it.

But I am responsible for the quality control and the drug control organisation in the country. The law in this respect is Central, it is a common Act for the whole country. This hon.

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House and the other hon. House were good enough recently to give enhanced powers to the Government and to increase the penalties for drug adulteration etc. Again, the performance with regard to the implementation of the Drugs Act is not uniform in the whole country, but we are trying to improve it as best and as rapidly as possible.

The number of Inspectors has increassed during the last year; but it needs to be increased further. The emoluments of the Inspectors have been improved in some States; they need to be improved by all the States. The laboratory facilities have also been increased to some extent. We are wanting to improve and increase them further, and we have made a definite provision in the Fourth Plan to help the State Governments in this direction, so that the matter gets the necessary importance that it should.

It was asked as to how many cases were instituted, how many were prosecuted in recent times and whether we have utilised the powers that were given by the hon. House. I have the figures here before me. In 1963-64 the total number of prosecutions was 264. In 1964-65 up to December, 1964 it was 143. The prosecutions for misbranded and spurious drugs were 30 last year. As the Deputy Minister had stated yesterday, we find that most of the spurious drugs are made by unlicensed manufacturers, unknown manufacturers. It was for this reason that the drug control administration has prepared a list of all the licensed manufacturers. We are going and checking the premises and the facilities with these licensed manufacturers all over the country. Tht rules under the Drugs Act have been revised so that the sale of products manufactured by unlicensed manufacturers has become an offence. This was considerably checked this menace, and we hope we will be able to deal with it effectively before long. This year, that is in 1964-65, there were 18 prosecutions for misbranding and 12 for the sale of drugs manufactured by unlicensed manufacturers. The cases decided in 1963-64 were 137; in 1964-65 up to December they were 77. The number of convictions in 1963-64 was 126, and in 1964-65 up to December it was 63. Of these, the number of cases of imprisonment in 1963-64 was 11; and in 1964-65 up to December it was 12. The number of fines was 115 in 1963-64 and 51 in 1964-65. Of the 12 cases of imprisonment in 1964-65, four cases were of rigorous imprisonment for one year and eight cases were of imprisonment for lesser periods.

It will be obvious from these figures that Government is determined to put down the racket of sub-standard and spurious drugs. The implementation of the Drugs Act has been taken up with a full sense of reponsibility, and I am glad to say that 80 per cent of the drugs in 1963-64 were found to be of proper quality and proper standard out of the samples tested, and in 1964-65 83 per cent were found to be of good standard, so that, things are improving and hon. Members need not feel anxious or worried about it.

While I am on this subject of quality control and prevention of the manufacture of sub-standard drugs etc., I might say a word about food adulteration also. I am in entire agreement with this hon. House and with every hon. Member, and I share their concern fully that good food, pure food, is absolutely necessary for the preservation of health. It was for this reason that we came before this hon. House and brought up a Bill for increasing punishments, and the House was good enough to pass that law. We are trying to do our best in that direction. The number of prosecutions. . .

Shri Narendra Singh Mahida (Anand): May I ask the hon. Minister, why does not Government open such stores or shops where we can buy pure stuffs?

Dr. Sushila Nayar: So far as the opening of such stores is concerned, I think something is being done in that direction also in the form of co-

operative stores. But I had a most uncomfortable experience last year when one hon. Member of my party brought some stuff that he had bought from a co-operative store. That was *amchoor* and it had bits of rubber, bicycle tyre cut up, and pieces of wood and all that in it.

Shri Warrior (Trichur): They are supplied by the wholesalers.

Dr. Sushila Nayar: That is what I was just saying. When we asked these people they said, "What can we do, we have purchased from somebody, and this is the stuff that we received".

So that, what it comes to is that this problem of checking of food adulteration is a big problem and such a vast problem that it can only be solved if we all have a better sense of responsibility, better moral standards, better ethical standards. While I am in whole-hearted agreement that we need such standards, I am afraid we have not discovered any pills or mixtures by giving which we could give the right type of thinking and standards to the people.

Shri Daji (Indore): One or two hangings in the public square will do.

Dr. Sushila Nayar: Well, death penalty has been there for ages, and murders still continue, they have not disappeared. What this hon. House has done is that it has enchanced the punishments, it has now sanctioned longer imprisonment, heavier fines, etc. And the deterrent punishments, I hope, will do some good.

An hon. Member: Whipping in public will be all right.

Dr. Sushila Nayar: . . but I do not think the whole job can be done by deterrent punishments only. Whipping is being talked of again and again. I am quite sure if there was such a thing as whipping, probably the hon. Members will come here in horror and ask, "What is this? Is this a civilised government or a barbarous government?" So, it is all right to become emotional and get excited. It is a subject that can well warrant hon. Members getting excited, but all that I am trying to put forward is that the problem is vast. Food is being sold at every place. We go to the retailers; they say that the wholesaler is responsible and when we go to the wholesaler, he says that he brings it from the producer and so the producer is responsible. Thus, the thing goes round and round.

Dr. L. M. Singhvi: Perhaps the hon. Minister is forgetting that this thing flourishes because the machinery evolved for it is very corrupt.

Dr. Sushila Nayar: So far as the machinery is concerned, it is the local bodies and the municipalities who enforce the Act. The local bodies have been doing this work so far. We have taken it up with the State Governments and have suggested that the laboratories for the analysis of food should be the State laboratories and not the municipal laboratories and that the inspector services and the analyst services should be provincialised so that they can perform their duties without fear or favour. But may I digress, for one moment, when we express doubts about the quality of work being done by the municipalities, does it not again come back to the fact that after all it is the general moral fibre in the country that is most important? After all, they too are the elected representatives of the people, elected by the people, as much as we are and therefore, it is necessary to give due respect to the municipalities also. But I agree that the performance of the municipalities needs to be improved. One hon. Member, Shri Shiv Charan Gupta, mentioned the importance of the local bodies and the need to ensure their efficient working etc. We have proposed certain measures for this purpose. We propose to set up an institute for training and organise some seminars where these people can sit together and discuss these various matters. I feel many of the wrong things that happen are done because the person concerned

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does not realise the full implications of that particular action. All of us have to share responsibility and deal with this problem to the best of our ability. In the meantime, the interests of the people have to be safeguarded, and for that, some of the steps that I have mentioned are being contemplated. In the meanwhile, I may mention some of the figures in this respect. The number of prosecutions in 1963 was 43,800. The number of convictions was 35,016. The number imprisoned was 930 and the total amount of fines recovered was Rs. 31,26,190. So, it just shows that the Government is not slack, that the Government is not oblivious to the importance of this problem. But the problem is a difficult one. We are trying to deal with this difficult problem as best and as fast as we can.

Another point that was mentioned by a number of hon. Members—and they were concerned about it—was the quality of medical care that we are able to give to our people. I share the concern of the hon. Members, and I agree with them that the medical facilities available in this country are not in anyway adequate for our needs. The ratio of hospital beds is something like 0·4 beds per thousand of the population. The doctors have been given instructions by the State Governments and other responsible leaders, that they should not refuse seriously ill patients. The result is that almost in every hospital, there is 50 to 100 per cent overcrowding. Naturally, when there is that much of overcrowding without extra facilities, the doctors are not magicians that they should be in a position to deal with all these problems effectively and give the type and standard of medical care that they would like to give.

Even this 0·4 beds per thousand which is the overall ratio, is not evenly spread in the country. In a place like Delhi, the beds are 2·4 per thousand. In Andhra Pradesh, the ratio is 0·58; Assam, 0·43. In Bihar, it is 0·25; that is, a quarter bed per thousand of the population! In Jammu and Kashmir, it is 0·37, and so on it goes. The facilities, therefore, being what they are, we had asked the Planning Commission that we may be given something like Rs. 900 crores for improving medical care in the country in the Fourth Plan. We had made a definite programme and that would have given us one bed per thousand of the population. Unfortunately the Planning Commission had to cut the coat according to the cloth that they had, and they have indicated that they can give us no more than Rs. 1,090 crores for the whole Plan, which means that we can have about Rs. 250 crores, against Rs. 936 crores that we had asked for for medical care. Naturally, with Rs. 250 crores, we cannot increase the beds to the extent that we would like. All that we can do is to improve these facilities as much as possible for the common man in this country. To that end, what we propose to do is to concentrate on the improvement of the primary health centres as much as possible. In the fourth Plan, we are confident that we shall have the full number of the primary health centres, and under each primary health centre we propose to have six to eight sub-centres, so that the medical care can reach as close to the homes of the people as possible.

The second thing that we have proposed is that from the primary health centres to the district hospital, there should be a proper system of referal and some kind of ambulance service be provided so that difficult cases can be taken to the district hospital. We are also requesting the State Governments to so arrange that there can be periodical visits from the specialists from the district hospitals to the primary health centres so that the care given at the primary health centre can be improved. The number of primary health centres established up to 31st December, 1964 is 4,373. We propose to have 823 primary health centres in the current year or as early as possible. 15 per cent of our primary health centres during the year have

been without doctors. It is a serious situation, but I can say this that this percentage of primary health centres, etc. without doctors is decreasing and not increasing, a fact which is something to be thankful for. It is difficult to have doctors in the primary health centres for the very obvious reasons which several hon. Members pointed out: the emoluments are insufficient, housing conditions are unattractive and the education of their children etc. is difficult to arrange when they go into the villages and so on. We have, therefore, suggested to the State Governments that they should construct the houses for all the doctors, nurses, etc. who are to work in the rural areas and these houses should be of the minimum decent standard, fit for the doctors etc. who will inhabit them. For that, the amount of money for primary health centre construction is proposed to be substantially increased. We have also suggested that primary health centre doctors must be given non-practising allowance. It is no use saying they can practise, because they generally do not get a practice there. So, instead of saying they have the freedom to practise, which is only in name, they should be given non-practising allowance and no practices. They must also be given a special rural allowance to compensate them for the hardships and difficulties they may have to face. Another suggestion that we have made to the State governments is that they should see to it that in the early period of his service, the doctor spends 3 years or so in a rural area, hill area or some difficult area before he is confirmed, and later on when he is more mature again he should spend some time in the rural areas. In the early period, his children will be very small and in the later period, they will be sufficiently grown up for him not to be worried about their schooling etc. In that fashion, the convenience of the doctors can be taken care of and the rural people can also have adequate medical care.

A number of hon. members said something about what we are doing nd not doing about Ayurveda.

Dr. L. M. Singhvi: What are you going to do to improve the conditions in CGHS?

Dr. Sushila Nayar: We would like to make the CGHS better than what it is. It is considerably better than what it used to be. The proof of the pudding is in the eating of it. I am swamped all the time by requests from various sections of the population who wish to be covered by this service. We have already extended it to the general public living in certain areas where mostly the population consists of government servants. I have requests from my friends of the Press that they should be covered. One is rather afraid of the press, because one does not want to incur their displeasure, just as my doctors are always extremely careful in dealing with any hon. members. They want to serve everybody, but hon. members are their masters and they have to serve them well. The press is perhaps the super-master and we cannot afford to displease them. If they wish, like the general public, they can apply and if they are living in areas where there are dispensaries, it may be possible for us to cover them, but not otherwise. Similarly there are various organised sectors in the population—business houses, semi-government organisations, etc. Today in Delhi there are something like 1½ lakh families that we are serving . . .

Shri Hari Vishnu Kamath: On a point of order, Sir. With due deference and the fullest respect to the sentiments and experience of the Minister, is it correct to say that the members of the House are masters, but the press, which is, I know a very useful and helpful institution, is the super-master in this democratic country? I do not think that is correct. I do not know what she meant; she might have meant something else.

Dr. Sushila Nayar: I spoke in a lighter vain. If hon. members want me to be very serious all the time, I withdraw those remarks. I am a member of this House and I have no

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wish to be little the status of hon. members.

Shri Hari Vishnu Kamath: I know; that is why I said, perhaps you did not mean it.

Dr. L. M. Singhvi: Will she comment on the principal question I raised about the nursing profession, its improvement, etc.?

Dr. Sushila Nayar: He asked about CGHS and I was dealing with it. We have been trying to improve the service. We have set up a kind of peripatetic service, by which some of the specialists are going to some of the dispensaries. A diagnostic service also has been set up at a number of centres, so that the recipients of this service are not inconvenienced and their needs are met as quickly as possible. We have extended the service from the 1st January to the pensioners in Delhi. We hope to expand the service further and make it as satisfactory as possible. In the meantime, we have started another thing which is liked very much by the doctors also—some kind of a refresher course for the doctors in the service, so that they can all the time be kept up-to-date and may have an opportunity to discuss their difficulties among themselves and to find ways and means of giving better medical care.

With regard to nurses, emoluments, a considerable upward revision has been already made by the Central Government. We want to ensure that nurses should have good, decent emoluments. We have increased the number of admissions for nurses. It was something like 16,600 last year. The number of Auxiliary Nurse Midwives last year in the training institutions was 9075 and health visitors 1055. By the end of the third plan, we hope to train 45,000 nurses and in the fourth plan another 40,000 to 45,000. I agree with hon. members that the number of nurses should be larger than the number of doctors. It is not so for certain historical reasons. Our girls in the past did not like to go in for nursing. They rather went in for medicine.

Dr. L. M. Singhvi: Even a technician who is not even a matriculate is paid much more than a trained nurse.

Dr. Sushila Nayar: This is not quite correct. The emoluments of the nurses in Delhi, Mysore and certain other places have been revised and there is nothing to be unhappy or worried about them. In this country we would like everyone to get much more than what they are getting. But the question is how much money is available and how much we can spend on the various services. It is not that we do not want to do certain things. But we have to cut our coat according to our cloth. Matrons in Delhi used to get Rs. 320—400. Now they are getting Rs. 500—900. Assistant Matrons used to get Rs. 200—300. Now they get Rs. 250—380. Public health nurses used to get Rs. 150—230. Now they get Rs. 210—320. Like that, it goes down the line. Staff nurses used to get Rs. 100—185. Now they get Rs. 150—380. Similarly, the Health Visitors, from Rs. 175 to Rs. 205, are now getting Rs. 150 to Rs. 380. The midwives who were getting Rs. 55 to Rs. 110 are now getting from Rs. 110 to Rs. 155.

15 hrs.

श्री किशन पटनायक : सिटी कम्पन्सेटरी एलाउंस दूसरों को 8 सैकड़ा मिलता है, लेकिन नरसों को केवल 4 सैकड़ा मिलता है ।

Dr. Sushila Nayar: They get the city compensatory allowance, dearness allowance etc. What happens is, the nurses are given certain allowances for diet, uniform and certain other things, and the Finance Ministry has made certain deductions because of these advantages that are

given to them. There also we have persuaded the Finance Ministry to reduce these deuctions by a certain proportion and we hope that we can improve that still further. An hon. Member said that we do nothing unless somebody agitates. Here is a proof where we have revised the grade of the nurses without anybody resorting to agitation or anything of that kind.

An hon. Member said that we have 81 medical colleges and only 7 or 8 nursing colleges. Nursing colleges are a new institution. In the past, and throughout the world, mostly nurses are trained in the hospitals and not in the colleges. We have in this country 230 nursing schools and 270 schools for training auxiliary nurses/midwives. We are trying our level best to increase the training facilities. We hope that in the Fourth Plan we can train at least a lakh of nurses and auxiliary nurses/ midwives and thus meet the requirements of the country. Therefore, we are not oblivious of the needs in this field or the desirability of increasing the training facilities and the like.

Then, with regard to the conditions of service of doctors my friend has asked why do doctors go away from the country. It was said that the exodus must be stopped etc., etc.

Shri Hari Vishnu Kamath: Which friend said that?

Shri Ranga (Chittoor): Some friend; what does it matter?

Dr. Sushila Nayar: One of the friends, one of the hon. Members.

Shri Hari Vishnu Kamath: One of them who spoke.

Dr. Sushila Nayar: More than one hon. Member mentioned it and there was a cut motion on that also. Now, so far as the CHS doctors are concerned, it is well known to the House that the formation of CHS was something that had been delayed for a long time. We are happy that we were able to get it through. It had got stuck from 1955. We have at least pulled it out and finalised the CHS in 1965. But some of the details of the scheme worked out did not find favour with our friends in the CHS. They made certain suggestions for the improvement of their emoluments etc. Some of the hon. Members here also were very eloquent in putting forward the demands of the doctors, that they should not be paid less than the IAS and others. Sir, I am in full sympathy with that point of view. I am a medical woman myself and I know how long and arduous is the training course of the doctors. I also know how while an average IAS officer begins as a District Officer at the age of 24 or 25, a doctor generally does not really begin to be considered a senior officer or a specialist before the age of 30 or so.

Shri Ranga: Same is the case with I.A.S.

Shri Hari Vishnu Kamath: The standards when you graduated were higher than they are today.

Dr. Sushila Nayar: Any way it does mean that the emoluments of doctors should in no way be less than those of IAS and others. We have taken up these various points and we are discussing them with the concerned ministries. We hope something good and useful will come out of it. At the same time, I am very glad that these CHS officers, in spite of some of the provocations given by one or two hon. Members opposite, did not go on a strike. They do not intend to go on a strike.

Shri Hari Vishnu Kamath: They may, later.

Dr. Sushila Nayar: As a matter of fact, this is one of the points that is being raised against them by certain administrators, whether Government should do things for people when they threaten them. The honest fact of the matter is that these boys and girls,

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these young men—some not so young —and women, did not really mean to threaten or do anything of the kind. They put forth their difficulties, their grievances and we saw the reasonableness of most of their difficulties that they had put before us.

Shri Hari Vishnu Kamath: Not always.

Dr. Sushila Nayar: We are trying to take up their case with our own colleagues in other ministries, and we hope that something satisfactory will emerge.

May I say, that I as a member of the profession am very happy and proud of the advice that I gave to my young friends in the Lady Hardinge Medical College, to which the hon. Member, Dr. Singhvi took objection. My advice was that the day we enter the medical profession there are certain things we give up for ourselves. One of those things is the right to strike. Our patients are our God. We must look after them whether we are well, whether we are tired or whether we are unwell. We cannot refuse our services. Therefore, to go on strike, for the doctors and nurses is absolutely forbidden. It is contrary to the Hypocratic oath. I am happy to say that, by and large, the doctors have observed it.

Dr. L. M. Singhvi: Is that all that the Minister said, that they should not go on strike. The actually deprecated even the fact that they were representing in respect of their demands.

Dr. Sushila Nayar: The hon. Member was not there and he did not hear me.

Dr. L. M. Singhvi: It was very much in the Press, and she never denied it.

Dr. Sushila Nayar: He seems to know better than I.

Now, Sir, there are so many points and I do not know how much more time I can take. I will say a word regarding medical education.

Mr. Deputy-Speaker: She has already taken 1 hour 10 minutes.

Shri Hari Vishnu Kamath: A Minister's time may not be restricted. Let her speak. This subject of Health is an important and vital matter for the whole nation. We want to hear her.

Dr. Sushila Nayar: With regard to medical education, some of the hon. Members said that 11,000 admissions are not enough for this country. May I say, Sir, that the spread of medical education in this country has been something phenomenal. It is, if I may say so, staggering. The targets laid down by the Planning Commission for the end of the Third Plan were 8000 admissions and 60 medical colleges. In actual practice we have out-stepped those targets. We admitted 11,277 students last year and we have 81 medical colleges.

श्री किशन पटनायक : भोर कमेटी का टारजट क्या था ?

डा० सुशीला नायर : भोर कमेटी का टारजट इससे कम था। If I may say so, the targets laid down by the Mudaliar Committee, which is a much later Committee than the Bhore Committee, are one college for five million population. On that basis too we have already reached the targets. We are proposing to open 25 to 30 medical colleges in the Fourth Plan. If we have 25 colleges I hope we can stagger them and have five each year so that we can have the requisite number of teachers etc.

Some hon. Members made a very strange kind of plea. They asked: why don't you have the RMP or three-year diploma-course and so on and so forth? May I say that this

concept that the licentiates or RMPs will go and work in the villages is a very fallacious one? Statistics show that they are no more interested in going to the villages than the MBBS doctors. Secondly, as was well-brought out by some other hon. Members, the man in the village needs a good doctor, even more than a man in the city, because in the city there may be others for consultation while in the village there will be only one doctor.

श्री ब्रज बिहारी मेहरोत्रा (बिल्हौर) : वहां देहातों में प्राइमरी हैल्थ सेंटर्स में डाक्टर्स पहुंच नहीं रहे हैं खाली कम्पाउंडर्स काम कर रहे हैं तो उनसे तो यह लाइसशिएट वैटर होंगे। साथ ही डाक्टर भी नौसिखिए मेडिकल ग्रेजुएट भेजना चाहते हैं।

डा० सूशीला नायर : माननीय सदस्य सारा भाषण सुनेंगे तो उन्हें पता लग जायेगा कि हम डाक्टरों को पहुंचाने के लिए क्या कर रहे हैं।

These licentiates or RMP boys that we have in Nagpur, they have been knocking at the doors of every Minister and every leader to say that something should be done for them, to give them better training. They are very very unhappy with the training that has been given to them. Now the Maharashtra Government is proposing to start a condensed course to enable these students take the examination to become licentiates. It is obvious that we have no right to play with the lives of these young people and make them take a three-year course; first, there they will have to study for two years and take the licentiate examination. Some will pass while some others will not pass. That is a very unsatisfactory state of affairs.

So far as licentiates are concerned, the Licentiates' Association which is a representative spokesman of the licentiates, is completely opposed to the revival of the licentiates' course. Today the MBBS course is 4-1|2 years plus one year of compulsory rotating internship. The licentiate course used to be of 4 years. I presume they will aslo have one year of compulsory rotating internship. So, the saving of time is not so much as to warrant the creation of two classes of doctors in this country. Therefore, Government propose to stick to its decision to have only one course, and that is the MBBS course, except for certain special categories that I have mentioned, e.g. those boys who had the unfortunate experience of R.M.P. training and for whom some opening has to be found. We may allow them to take the condensed licentiates course.

Similarly, boys and girls who have passed through the integrated Ayurvedic course are again knocking at the door of everybody. They want a condensed course so that they can become full-fledged doctors. It is a very difficult position. We are trying to take up the matter with the Medical Council of India as to what can be done to find some solution for these boys and girls. But that is possible only if for the future we stop such a training. Because, if the problem is a continuing one, it will become very difficult to cope with it.

It was for this reason that we decided on the starting of a Shudh Ayurvedic training course. There are all kinds of representation, all kinds of arguments that are being put forth, that it should be of one type or another. One hon. Member wants to bring a Bill for setting up a Council of Ayurved. Now, there is no agreement among the specialists as to the type of training. The first essential for setting up a council is that there should be an agreement as to what should be the type of training. It is for this reason that the Central Council of Health decided to appoint a Shudh Ayurvedic Committee, which will go round the

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country, meet various people and see how the training is being given etc. On the one hand, we are told that there should be research in Ayurveda. We have set up some research institutes. I am happy to tell this House that the research work that is being done at Banaras is excellent and it has been very highly commented upon by the senior Ayurvedists and by the Central Council of Ayurvedic Research. Some of the members of that Council have offered medals and some prizes for the boys who have done good research work. But, then, some members at Jamnagar said that research in Ayurved must be done according to the Ayurvedic method of research. We are not aware of any Ayurvedic methodology of research. If I know correctly, research is a very recent concept. Therefore, that institute has not made much progress. What the future will be, I am not in a position to say.

Then, it was said that we should ensure the quality of Ayurvedic drugs. It was for this purpose that this hon. House gave the power to Government to enforce some kind of control over the Ayurvedic drugs. We have set up a technical board for this and work is proceeding.

Unfortunately, time does not permit me to give the details of the various things that are being done. We have set up survey units, cultivation farms for medicinal plants etc. We have taken up a number of projects to test the known effective drugs in Ayurved and find out the treasures that our forefathers had and which we had lost sight of for some time. But I wish to submit in all humility that this is a work that needs very careful study, a very careful research. It is not a thing that lends itself to mass production. I hope hon. Members will support us in this pursuit. The concept as to how much money is spent on Ayurveda is a very fallacious one for the simple reason that Ayurved claims that it is a very inexpensive method. In any case, be that as it may, in the dispensaries that we are running, we are ensuring proper emoluments and proper type of drugs. I hope something good will come out of the various research schemes that we have taken up.

An hon. Member: What about homoeopathy?

Dr. Sushila Nayar: The control has been extended to homoeopathic drugs also. The Homoeopathic Council is trying to standardise the training course as well.

So far as communicable diseases are concerned, the House has paid all-round compliments for the success achieved by the Ministry. In malaria we have achieved more than 90 per cent success. In small-pox we have achieved more than 70 per cent success. So, the story goes on. I would not take the time of the House to give details because I have already taken quite a lot of time.

I would like to say only one word with regard to the maintenance phase of small-pox and malaria eradication for which vigilance has to be taken up by the people themselves. In that the help of hon. Members is very necessary so that word goes round that anybody who gets fever should come forward and get his blood tested and anybody who has a baby should come forward and get that child vaccinated. May I say that small-pox has no relationship with the cleanliness or sanitation of the surrounding? The carrier of infection is man himself. The infection is borne through air, through the breath, through the scabs that fly about. We know how actress Geeta Bali contracted small-pox and died as a result of it although the lived in a very posh surroundings. Therefore, although sanitation is extremely important, so far as this particular disease is concerned, it does not have much to do with it.

I have many other things to cover but I will just say a word about water supply and development or town planning and close. So far as water supply is concerned, we are very anxious that safe water is supplied to the people. But the problem here, again, is that of funds. We have asked for something like Rs. 850 crores for the Fourth Plan. We have been promised Rs. 340 crores. With these Rs. 340 crores we can do only what is possible within that limit; no more. For the first time we have set up investigation units in every State to assess the problem of difficult areas. Nobody had done anything about it so far. We have now the exact information and we have the machinery in the States for implementation. If we get the funds, if we get the materials, cement, pipes and various other things, we can deliver the goods. That is all I can say because the rest does not rest with the Health Ministry. Both the Health Ministry at the Centre and the Ministries concerned in the States are most anxious to do the job. But we need the facilities.

Shri Hari Vishnu Kamath: Could you not persuade the Finance Minister to give you more?

Dr. Sushila Nayar: I have to persuade the Finance Minister; I have to persuade the Industry Minister and the Industry Minister has to persuade the producers and the manufacturers and so it goes round and round.

Shri Kishen Pattnayak: It is a vicious circle of persuasion!

Dr. Sushila Nayar: I can say this that we have made some progress. We have spent whatever money has been given to us and we are confident that we can spend more.

My hon. colleague, the Deputy Minister, had said something about the problem of Delhi water supply. So, I will not take the time of the House on that.

I would say a word with regard to the country and town planning and the Delhi Development Authority. What was stated by my hon. friend, Shri Shiv Charan Gupta, regarding the importance of town planning is absolutely true. There can be no two opinions that we must plan our towns from now onwards and prevent the emergence of slums which will be much more costly and troublesome for us to clear off afterwards.

Here again, we are a country consisting of many States and each State has to do the job. We have prepared the Model Country and Town Planning Act and have sent it to them. Some of them have accepted it and implemented it. Some of them have not done it. We are constantly trying to bring home its importance to our colleagues the ministers and officers in the States. All that I can say is that we are making progress and, we hope, we will continue to do so.

We have about 60 plans in hand. During the year, some of the very important plans were completed, such as of Bombay and some others The Calcutta plan is making very good progress. Several other towns, particularly the capital towns and industrial towns and certain pilgrim areas have been taken up to prepare Master Plans. We hope that in the Fourth Plan, we can have a master plan for every city with a population of 1 lakh and above. But that is not enough. We have to go further. Unless we prevent the slums from coming up in the smaller towns, the job will not be done. Further, the money for the implementation of the plans is equally important.

Shri Hari Vishnu Kamath: Delhi slums should be cleared first.

Dr. Sushila Nayar: I am very happy and proud of the way in which the Delhi Development Authority has been pursuing its work. They have developed lands worth Rs. 35 crores while the money that they were given was a revolving fund of Rs. 5 Crores. They have developed lands. 4209 acres of land are in the process of being developed. This will supply 3800 industrial plots and 10,000 residential plots and group housing areas. Apart from these things, a number of very important roads and other development programmes have been undertaken by them.

I wish to mention just one very important scheme which is the first of its kind and I think the honourable House would like it. This scheme is a kind of housing-*cum*-insurance scheme. What the D. D. A. have done is that they have built certain houses on a certain premium. The money is to be paid month by month, year by year. Supposing a man who has taken a house in this manner dies in the meantime, what would happen to his widow and his children? It was because of this anxiety that at the same time we have linked it up with some kind of an insurance so that the insurance will then pay the rest and his widow and children will be able to have the house. We intend to build 10,000 houses of this type. About 180 units have already been completed.

Shri Hari Vishnu Kamath: Has the scheme been finalised or is it under consideration?

Dr. Sushila Nayar: The scheme has not only been finalised but 180 houses have been built and the rest will be built. I would very much welcome some of my hon. colleagues to spare the time, to come with me to the Delhi Development Authority office and to see on the plans and maps as to how we are proceeding, what we have done and what more we propose to do.

Shri Hari Vishnu Kamath: You fix up the date and time and we will come.

Dr. Sushila Nayar: Certainly we fixed up the date earlier but we had to cancel it because only two hon. Members offered to come and it was not considered enough to trouble everybody for that.

Shri Hari Vishnu Kamath: How many do you want, at least 5 or 6 or 7?

Dr. Sushila Nayar: Seven is a good number. Let us have 7 or more. We shall arrange the trip.

Sir, I conclude by saying that I am most grateful to the hon. Members for the interest they have taken in the Health Ministry's Demands and for the complimentary things they have said and also for some very valuable suggestions that have come from different quarters.

Mr. Deputy-Speaker: Am I to put any cut motion separately to the vote of the House?

Shri Narendra Singh Mahida: Yes. My cut motions Nos. 34 to 39 may be put separately.

Mr. Deputy-Speaker: I shall now put cut motions Nos. 34 to 39 to the vote of the House.

Cut motions Nos. 34 to 39 were put and negatived.

Mr. Deputy-Speaker: Now I put all the remaining cut motions together to the vote of the House.

All the other cut motions were put and negatived.

Mr. Deputy-Speaker: The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the President, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1966, in respect of the heads of demands entered in the second column thereof against Demands Nos. 48 to 50 and 131 relating to the Ministry of Health."

The motion was adopted.

[*The motions of Demands for Grants which were adopted by the Lok Sabha, are reproduced below* —Ed..]

DEMAND NO. 48—MINISTRY OF HEALTH

"That a sum not exceeding Rs. 20,97,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Ministry of Health'."

DEMAND NO. 49—MEDICAL AND PUBLIC HEALTH

"That a sum not exceeding Rs. 13,45,10,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Medical and Public Health'."

DEMAND NO. 50—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 83,93,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Other Revenue Expenditure of the Ministry of Health'."

DEMAND NO. 131—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH

"That a sum not exceeding Rs. 8,21,33,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Capital Outlay of the Ministry of Health'."

MINISTRY OF INDUSTRY AND SUPPLY

Mr. Deputy-Speaker: The House will now take up discussion and voting on Demand Nos. 64 to 68 and 133 relating to the Ministry of Industry and Supply for which 5 hours have been allotted.

Hon. Members desirous of moving their cut motions may send slips to the Table within 15 minutes indicating which of the cut motions they would like to move.

DEMAND NO. 64—MINISTRY OF INDUSTRY AND SUPPLY

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 87,14,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1966, in respect of 'Ministry of Industry and Supply'."

DEMAND NO. 65—INDUSTRIES

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 4,06,44,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of